



COUNTY BOROUGH OF DERBY



ANNUAL REPORTS

OF THE

Medical Officer of Health

AND

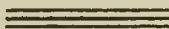
Principal School Medical Officer

FOR THE

Year, 1959

BY

V. N. LEYSHON, M.D. (LOND.), D.P.H.



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COUNTY BOROUGH OF DERBY.

HEALTH COMMITTEE.

Chairman : ALDERMAN E. A. ARMSTRONG.

Deputy Chairman : COUNCILLOR J. DILWORTH.

ALDERMAN PHILLIPS.	COUNCILLOR JARVIS.
COUNCILLOR BENTLEY.	„ LAMB.
„ CLAY.	„ MRS. MACK.
„ MRS. COOKE.	„ PENN.
„ CUMBERLAND.	„ MRS. RIGGOTT.
„ GLEW.	„ STOKES.
„ MRS. HARPER.	„ STOTT.
„ HARPER.	„ MRS. WOOD.

Functions :—General Administration.

Ambulance Service.

To receive minutes of the Sanitary Sub-Committee and to confirm minutes of the Health Services Sub-Committee.

HEALTH SERVICES SUB-COMMITTEE.

THE CHAIRMAN AND DEPUTY CHAIRMAN.

ALDERMAN PHILLIPS.	COUNCILLOR MRS. RIGGOTT.
COUNCILLOR BENTLEY.	„ STOKES.
„ CLAY.	„ MRS. WOOD.
„ MRS. COOKE.	*DR. A. H. D. HUNTER.
„ GLEW.	*DR. D. H. RHIND.
„ MRS. HARPER.	*MR. N. MCKANE.
„ PENN.	

Functions :—Duties under the relevant Acts in relation to :—

Care of Mothers and Young Children (including Day Nurseries)
Welfare Foods.

Care and After Care.

Domestic Help.

Home Nursing.

Health Visiting.

Midwifery.

Vaccination and Immunisation.

Ascertainment of Mental Deficiency.

Care and After Care in Mental Health.

Certification, etc., under the Lunacy Acts.

Occupation Centre.

*—*Co-opted Members.*

SANITARY SUB-COMMITTEE.

THE CHAIRMAN AND DEPUTY CHAIRMAN.

COUNCILLOR MRS. COOKE.	COUNCILLOR MRS. MACK.
„ CUMBERLAND.	„ PENN.
„ GLEW.	„ MRS. RIGGOTT.
„ HARPER.	„ STOTT.
„ JARVIS.	„ MRS. WOOD.

Functions :—Duties under the relevant Acts in relation to :—
Environmental Hygiene.

EDUCATION COMMITTEE.

Chairman : ALDERMAN STURGESS.

Deputy Chairman : ALDERMAN RUSSELL.

ALDERMAN BUTLER.	COUNCILLOR LUDLAM.
„ PHILLIPS.	„ MRS. MACK.
COUNCILLOR MRS. ARMSTRONG.	„ MRS. RIGGOTT.
„ BURROWS.	„ STOTT.
„ COLLIER.	„ TILLET.
„ DILWORTH.	„ T. L. WHITE.
„ GUEST.	„ MRS. WOOD.
„ MRS. HARPER.	*MRS. A. M. BELFIELD.
„ HORNE.	*MR. H. J. BLADON.
„ JARVIS.	*MR. L. BRADLEY.
„ JONES.	*REV. G. A. HARDING.
„ LAMB.	*REV. DR. H. S. O'NEILL.
„ LUCKETT.	*MR. D. SWEENEY.

SPECIAL SERVICES SUB-COMMITTEE.

Chairman : COUNCILLOR MRS. ARMSTRONG.

CHAIRMAN AND DEPUTY CHAIRMAN OF EDUCATION COMMITTEE EX-OFFICIO
MEMBERS.

ALDERMAN PHILLIPS.	COUNCILLOR STOTT.
COUNCILLOR MRS. HARPER.	„ MRS. WOOD.
„ JONES.	*MR. BLADON.
„ LAMB.	*MR. L. BRADLEY.
„ MRS. MACK.	*REV. G. A. HARDING.
„ MRS. RIGGOTT.	*MR. SWEENEY.

Functions :—The School Health Service.

*—*Co-opted Members.*

Public Health Department,
The Council House,
Corporation Street,
Derby.

TO THE CHAIRMAN AND MEMBERS OF THE
HEALTH AND EDUCATION COMMITTEES.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report for 1959.

The estimated population has decreased by 2,400 to 131,500. The birth rate has fallen slightly from 15.67 (1958) to 15.30 (1959). The death rate has increased from 12.46 (1958) to 12.90 (1959). The still-birth rate has increased from 24.19 (1958) to 25.67 (1959). The infantile death rate has increased from 25.74 (1958) to 31.31 (1959). There were no maternal deaths in 1959.

In the Report it will be seen that 707 patients were referred from various sources to the Medico-Social Section of the Department for help and guidance. This section employs experienced and fully trained staff to deal with social difficulties affecting patients and their families. These difficulties are many and varied, but their solution is of prime importance if the patient is to progress favourably. The staff are aware, not only of the material effects of illness, but even more so of the impact sickness has on our various personalities. Some people can deal with life's upsets with a minimum of assistance, whereas others need help and guidance. It is well to remember that the best of us require some support in sickness. The supportive help given by the social caseworkers may take several forms. It may consist of assisting an individual or a family to change a pattern of living which, because of illness or disablement, has become inappropriate. It may well extend to helping a parent to see an adolescent son or daughter in a new light or enabling a person to understand the relationship between his physical illness and the stress he has, for various reasons, been imposing on himself.

Whatever form the service rendered may take, be it in the relief of tension, the disentangling of emotions or the easing of fears, the work is closely integrated with that of the other services provided by a modern health department having as its aim the mental and physical health of the citizen.

The work of the various services of the Department is described in detail in the Report.

I should like to close on a personal note and thank you, Mr. Chairman, and all the members of the Health Committee for the assistance, encouragement and support I have invariably received from yourself and them. I should also like to add my appreciation of the friendly advice and help always freely available from the officers of other departments of the Corporation: and finally I wish to thank the entire staff for their willing co-operation and service during the year, which made the somewhat arduous work of the Department both exhilarating and pleasant.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. N. LEYSHON.

STAFF.

MEDICAL.

Medical Officer of Health and Principal School Medical Officer :—

V. N. LEYSHON, M.D. (Lond.), D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer :—

J. E. MASTERSON, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officers of Health :—

G. W. R. MACGREGOR, L.R.C.P., L.R.C.S., L.R.F.P.S.

MARGARET M. F. ROBINSON, M.D. (Belfast), B.A.O., D.P.H.
L.M. (Belfast).

School Medical Officers :—

E. A. LAVELLE, M.B., Ch.B. (Vict., Manchester).

C. L. NOBLE, M.R.C.S., L.R.C.P.

E. B. PAGE, M.B., B.S.

R. M. J. CAMPBELL, L.R.C.P., L.R.C.S. (Ed.), L.R.F.P.S. (Glas.).

Chest Physician :—

*HUGH GERARD GRACE, M.B., Ch.B.

Consultant :—

*R. J. M. JAMIESON, M.B., B.Ch., M.R.C.O.G.,
Obstetrician and Gynaecologist.

Psychiatrist :—

*T. A. RATCLIFFE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M.,
D.C.H.

DENTAL.

Principal School Dental Officer :—

FREDERICK GROSSMAN, L.D.S. (Q.U. Belfast).

Assistant Dental Officers :—

MOIRA RIGBY, L.D.S., R.F.P.S. (Glas.).

ELIZABETH S. WOOD, L.D.S. (Glas.).

PETER J. SOWTER, L.D.S. (Durham).

NON-MEDICAL.

Administrative Officer :—

R. E. GOODALL.

Clerks :—

HEALTH OFFICE 30, SCHOOL CLINIC 11, INCLUDING 1 PART-TIME,
WELFARE CENTRES 3.

Senior Social Case Worker :—

RICHARD L. CARABINE, A.M.I.A.

Almoners :—

ESTABLISHMENT 2.

MRS. L. M. DEXTER, B.A. Degree in Social Administration.

Supervisor of Day Nurseries :—

MISS M. R. MOSS, S.R.N., Nursery Diploma.

Day Nurseries :—

MATRONS 4, STAFF NURSERY NURSES 11, NURSERY ASSISTANTS 9,
NURSERY STUDENTS 31, WARDENS 0, DOMESTICS 10, CARETAKER 1

Senior Duly Authorised Officer :—

F. F. WRIGHT.

Duly Authorised Officers :—

MISS A. GRIFFIN.

K. REITER.

J. W. SCOTT.

Superintendent Health Visitor :—

MISS E. G. SHIPTON, S.R.N., S.C.M., H.V.Cert.

Health Visitors, School Nurses and Tuberculosis Nurses :—24
(including part-time) and 2 Students.

Supervisor of Home Helps :—

MRS. E. C. BAKER.

Assistant Supervisors :—1. Home Helps :—101 PART-TIME.

Superintendent of Home Nursing Service :—

MISS D. M. CLEWES, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent :—1. Home Nurses :—17 FULL-TIME.
(2 Vacancies)

Non-Medical—continued.

Occupation Centre :—

SUPERVISOR (Qualified) 1, ASSISTANT SUPERVISORS (Unqualified) 3,
DOMESTIC 2, *GUIDES 4.

Midwifery :—

*Domiciliary Midwives :—*10 (3 vacancies).

*Maternity Nurse :—*1.

Psychologist :—

MR. G. TODD, M.A., A.B.Ps.S.

Public Analyst :—

*R. W. SUTTON, B.Sc., F.R.I.C.

Psychiatric Social Worker :—

MISS N. GATELEY, N.F.F., P.S.W. Cert.

Remedial Teacher :—

MISS D. M. HARDY, National Froebel Cert.

Chief Public Health Inspector :—

S. PRIME, M.S.I.A.

Deputy Chief Public Health Inspector :—

R. B. DAVIES, M.S.I.A.

*Public Health Inspectors (All Branches) :—*6 (5 vacancies).

*Trainee Public Health Inspector :—*3 (1 vacancy).

RODENT CONTROL OFFICER 1, RODENT OPERATORS 4.

Sewage Works Analyst :—

*G. GREENE, A.M.C.T., A.M.Inst.S.P., and four Assistants.

Speech Therapists :—

*MISS A. M. FLEMING, L.C.S.T.

*MRS. R. E. GOODWINS, L.C.S.T.

Remedial Gymnast :—

GEORGE SOMMERVILLE, M.S.R.G.

MEDICAL AND DENTAL ATTENDANTS 10, CLEANSING ATTENDANTS 4, GENERAL
LABOURER 1, *WELFARE ASSISTANTS 3, *WELFARE DOMESTIC 1.

*—*Part-time.*

As at 31st December, 1959.

I—GENERAL.

STATISTICAL SUMMARY.

Area of Borough	8,116 Acres.
Elevation above sea level	<div> <div>highest, Burton Road ... 325 ft.</div> <div>lowest, Alvaston Ward... 126 ft.</div> <div>Market Place ... 157 ft.</div> </div>
Population at Census, 1951	<div> <div>Males 68,551</div> <div>Females 72,716</div> </div> ... 141,267
Estimated Population for 1959 (Mid-year)	131,500
Number of Houses (1951 Census)	39,641
„ Inhabited Houses at 31/3/1959 (according to Rate Books)	41,163
„ Uninhabited Houses at 31/3/1959 (according to Rate Books, including property scheduled for demolition)	393
Number of Families or separate Occupiers (Census, 1951)	41,944
Number of persons per acre at Census, 1951	17.4
„ „ „ 1931	20.0
Number of persons per House at Census, 1951	3.56
„ „ „ 1931	3.97
Rateable Value of the Borough (General Rate)	£2,120,226
Estimated amount realised by a Penny Rate	£8,390

1959

Live Births	2,012
Live Birth Rate per 1,000 population	15.30
Illegitimate Live Births per cent. of total live births	7.55
Still Births	53
Still Birth Rate per 1,000 live and still births	25.67
Total Live and Still Births	2,065
Infant Deaths	63
Infant Mortality Rate per 1,000 live births—Total	31.31
„ „ „ —Legitimate	30.65
„ „ „ —Illegitimate	39.47
Neo-Natal Mortality Rate per 1,000 live births	22.37
Early Neo-Natal Mortality Rate per 1,000 live births (under 1 week)	39
Perinatal Mortality Rate (still births and deaths under 1 week combined) per 1,000 total live and still births	44.55
Maternal Deaths (including abortion)	Nil
Maternal Mortality Rate per 1,000 live and still births	Nil

Marriages	...	...	...	...	...	...	...	...	1,158
Marriage Rate per 1,000 population	...	...	...	...	...	...	...	...	8.81
Birth Rate adjusted by Area Comparability Factor (1.00)	...	...	...	...	...	...	...	...	15.30
Deaths	...	...	...	...	...	...	...	...	1,697
Death Rate per 1,000 population	...	...	...	...	...	...	...	...	12.90
Death Rate adjusted by Area Comparability Factor (1.04)	...	...	...	...	...	...	...	...	13.42
Percentage of Deaths occurring in Public Institutions	...	...	...	...	...	...	...	...	49.15
Excess of Births registered over Deaths	...	...	...	...	...	...	...	...	315
Deaths from Measles (all ages)	...	...	...	...	...	...	...	...	Nil
„ Whooping Cough (all ages)	...	...	...	...	...	...	...	...	Nil
„ Diarrhoea (under two years of age)	...	...	...	...	...	...	...	...	Nil
„ Zymotic Diseases	...	...	...	2	Rate	...	...	...	.015
„ T.B. of Respiratory System	...	10	per	...	...	...	...	...	.076
„ Other Tuberculous Diseases	...	Nil	1,000	...	...	...	...	...	Nil
„ Respiratory Diseases	...	...	244	population	...	...	...	...	1.86

NATIONAL STATISTICS.

	E. & W.	LONDON ADMINISTRATIVE COUNTY.	DERBY.
Birth Rate	16.5	17.3	15.30
Death Rate	11.6	11.9	12.90
Infantile Mortality (per 1,000 Births)..	22.2	22.3	31.31

Causes of, and Ages at, Death during 1959.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.																TOTAL DEATHS IN PUBLIC INSTITUTIONS.			
	All Ages.	0-	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Residents.	Non- Residents.	Non- Civilian.	Non- Transferable.
Tuberculosis, Respiratory	10	..	..	..	..	..	..	..	..	..	1	..	4	4	1	..	7	5	..	..
Tuberculosis, Other	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Syphilitic Disease	3	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	2	1	..	1
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infections	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	..
Acute Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Other Infective and Parasitic Diseases	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	4	..	..
Malignant Neoplasm—																				
Stomach	35	..	..	..	..	..	..	..	..	..	..	2	2	8	9	14	14	14	..	2
Lung, Bronchus	59	..	..	..	..	..	..	..	..	..	..	2	8	25	17	7	40	19	..	..
Breast	20	..	..	..	..	..	..	..	..	..	..	4	2	6	4	4	10	9	..	..
Uterus	13	..	..	..	..	..	..	..	..	..	..	2	..	4	3	4	7	9	..	..
Other Malignant and Lymphatic Neoplasms	130	..	..	..	..	1	..	..	..	..	1	4	17	29	43	35	82	92	..	6
Leukæmia, Aleukæmia	6	..	..	..	..	..	..	..	..	1	..	..	..	3	1	1	4	9	..	..
Diabetes	7	..	..	..	..	..	..	..	..	..	..	..	1	..	4	2	5	4	..	1
Vascular Lesions of Nervous System	216	2	..	..	..	..	..	..	..	..	1	3	9	29	56	116	89	87	..	28
Coronary Disease, Angina	321	..	..	..	..	..	..	..	..	..	1	5	30	69	112	104	113	84	..	23
Hypertension with Heart Disease	20	..	..	..	..	..	..	..	..	..	..	..	3	..	9	8	4	3	..	2
Other Heart Disease	238	..	..	..	..	..	..	..	..	..	1	2	8	20	51	156	90	49	..	42
Other Circulatory Disease	89	..	..	..	..	..	..	..	..	..	..	1	3	8	21	56	35	45	..	9
Influenza	11	..	..	..	..	..	..	..	..	..	..	1	..	5	5	3	4	..	..	1
Pneumonia	151	9	1	1	..	..	..	..	..	1	2	3	4	9	23	98	89	52	..	31
Bronchitis	77	1	..	..	..	..	..	..	..	..	..	2	5	16	33	20	31	27	..	1
Other Diseases of Respiratory System	16	1	..	..	..	..	..	..	..	..	1	1	1	4	4	4	9	11	..	..
Ulcer of Stomach and Duodenum	14	..	..	..	..	..	..	..	..	..	..	..	3	2	4	5	13	16	..	..
Gastritis, Enteritis and Diarrhœa	7	..	..	..	..	..	1	..	..	..	..	..	..	1	1	4	3	4	..	..
Nephritis and Nephrosis	9	..	..	..	..	..	..	..	1	2	..	..	1	2	2	1	6	14	..	1
Hyperplasia of Prostate	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	13	..	..
Pregnancy, Childbirth, Abortion	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..
Congenital Malformations	18	14	..	1	..	..	..	1	..	..	..	1	1	..	..	..	14	29	..	..
Other Defined and Ill- Defined Diseases	141	33	2	..	..	..	1	..	2	3	3	8	19	25	45	106	137	..	..	..
Motor Vehicle Accidents	19	..	..	..	..	1	..	4	..	5	2	2	3	2	..	..	16	39	..	..
All Other Accidents	43	1	..	1	..	1	2	1	1	2	1	1	4	5	7	16	29	37	..	..
Suicide	20	..	..	..	..	..	1	1	..	2	2	1	6	4	3	..	11	7	..	..
Homicide and Operations of War	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	1697	63	3	3	..	1	4	4	7	7	21	40	118	273	443	710	834	831	..	16

Causes of Death during 10 years, 1950-1959.

CAUSE OF DEATH.	YEARS.									
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Tuberculosis, Respiratory	38	52	25	21	22	22	13	10	9	10
Tuberculosis, Other	7	3	4	2	1	2	1	2	..	..
Syphilitic Disease	3	13	6	8	4	5	5	..	4	3
Diphtheria .. ..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	5	..	..	..	..	..	..	..	..	..
Meningococcal Infections .. ..	..	1	1	1	3	1	..	1	..	1
*Acute Poliomyelitis .. ..	..	..	..	..	..	1	..	..	..	..
Measles .. ..	..	..	2	1	..	1	..	..	..	..
†Other Infective and Parasitic Diseases	3	4	1	3	3	..	3	..	2	1
Malignant Neoplasms	298	265	265	244	256	249	304	271	275	257
†Leukæmia, Aleukæmia	8	8	10	7	11	6	6	9	7	6
Diabetes	15	13	11	5	10	7	6	9	12	7
Vascular Lesions of Nervous System..	187	235	219	215	203	240	216	201	211	216
Heart Disease	455	535	566	556	553	608	586	569	557	579
Other Circulatory Disease	87	120	118	103	101	91	89	97	103	89
Influenza	6	50	..	8	2	8	2	15	6	11
Pneumonia	80	120	76	110	80	113	129	121	145	151
Bronchitis	87	113	50	77	69	71	88	83	79	77
Other Diseases of Respiratory System	10	13	12	14	21	20	13	17	18	16
Ulcer of Stomach and Duodenum ..	26	32	24	26	19	17	18	15	12	14
†Gastritis, Enteritis and Diarrhœa ..	13	6	5	5	8	7	10	5	8	7
Nephritis and Nephrosis	20	18	10	11	16	18	12	11	17	9
†Hyperplasia of Prostate	20	17	10	9	20	9	6	5	8	2
Pregnancy, Childbirth and Abortion..	1	..	..	1	2	..	..	3	..	..
§Congenital Malformations	16	13	20	18	10	20	14	22	19	18
Other Defined and Ill-defined Diseases	236	185	111	136	151	133	149	144	113	141
Motor Vehicle Accidents	11	6	8	18	8	16	17	15	19	19
All Other Accidents	17	21	17	21	38	18	33	29	25	43
Suicide	17	17	14	16	22	11	16	20	19	20
Homicide and Operations of War ..	..	..	..	..	1	..	2	1	..	..
ALL CAUSES—TOTALS	1666	1860	1585	1636	1634	1694	1738	1675	1668	1697

†—Included with "All Other Causes" prior to 1950.

*—Combined with "Polio-Encephalitis" prior to 1950.

‡—"Diarrhœa (under 2 years of age)" only prior to 1950.

§—Combined with "Birth Injuries, etc." prior to 1950.

Burials.—The total burials in the Derby cemeteries for the year 1959 were 1,085, 966 ordinary burials and 119 still-born.

Inquests held during 1959.—These numbered 161 — 100 males and 1 females.

Mortuary.—Dead bodies received during the year, 124. Post-mortem examinations, 456.

THE PRINCIPAL CAUSES OF DEATH — 1959

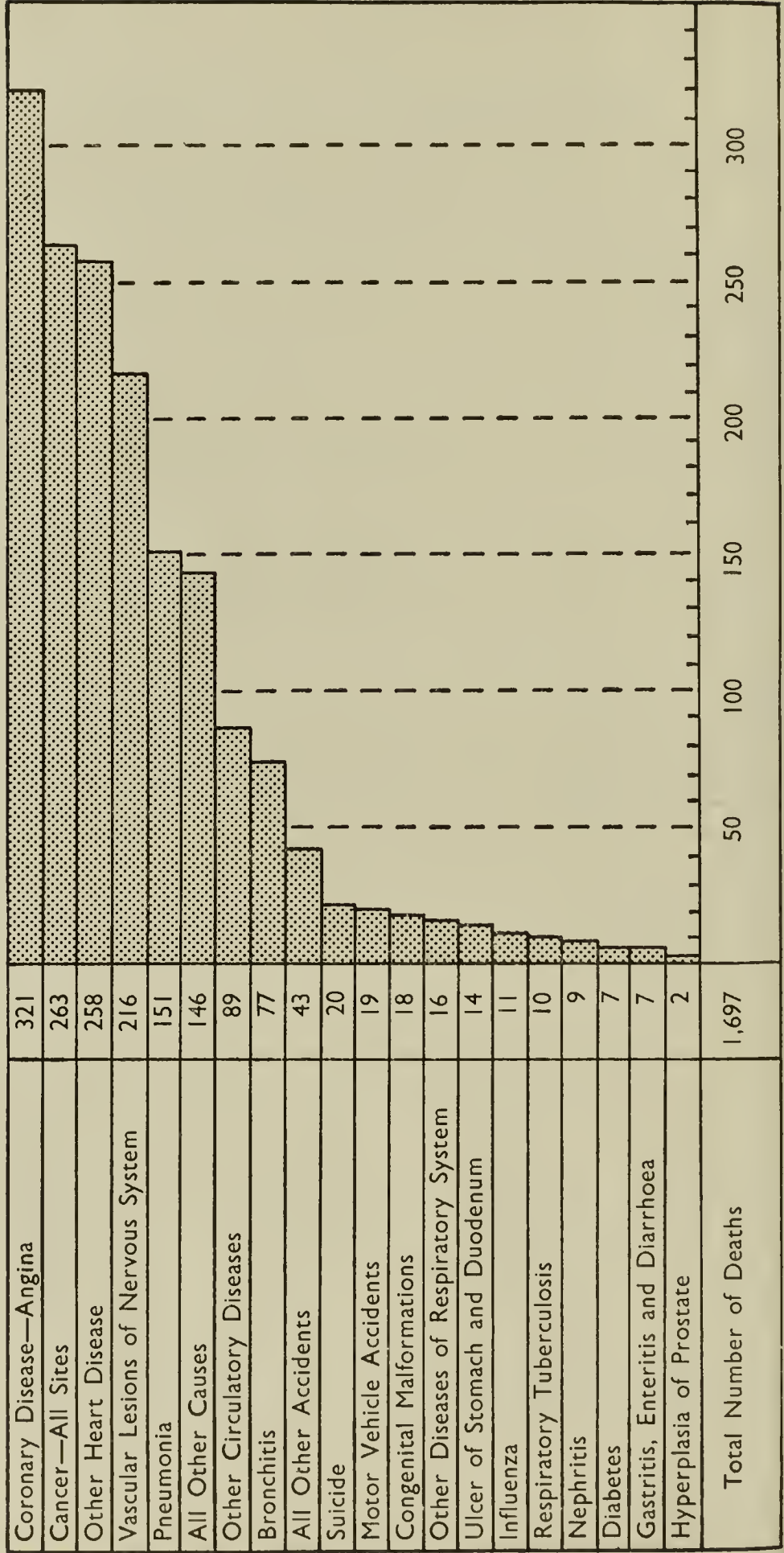


TABLE I

BIRTH RATE PER 1,000 LIVING ———

DEATH RATE PER 1,000 LIVING - - - - -



TABLE II

PERSONS MARRIED

PER 1,000 OF THE POPULATION.

Rate per 1,000 of the population.

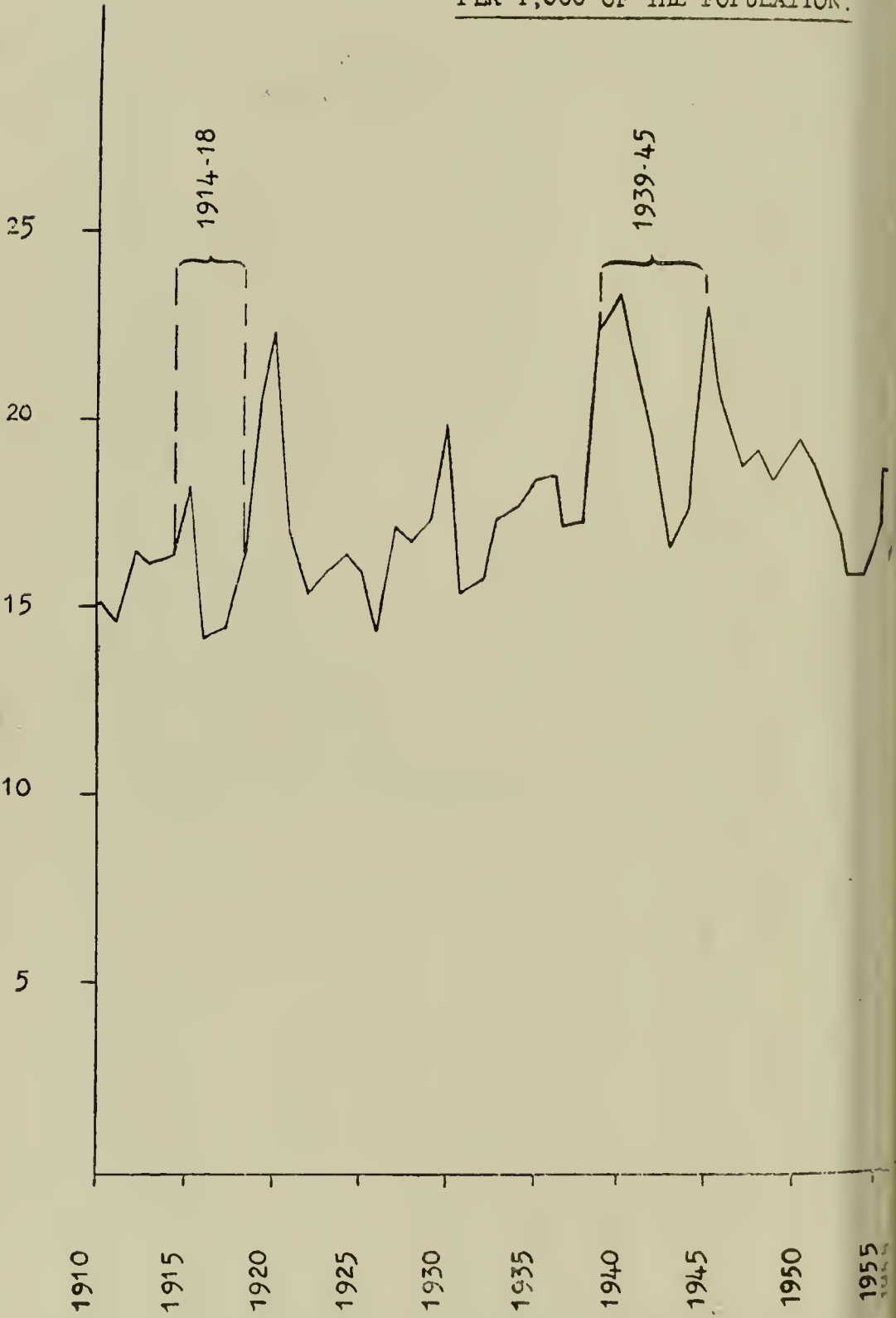


TABLE III

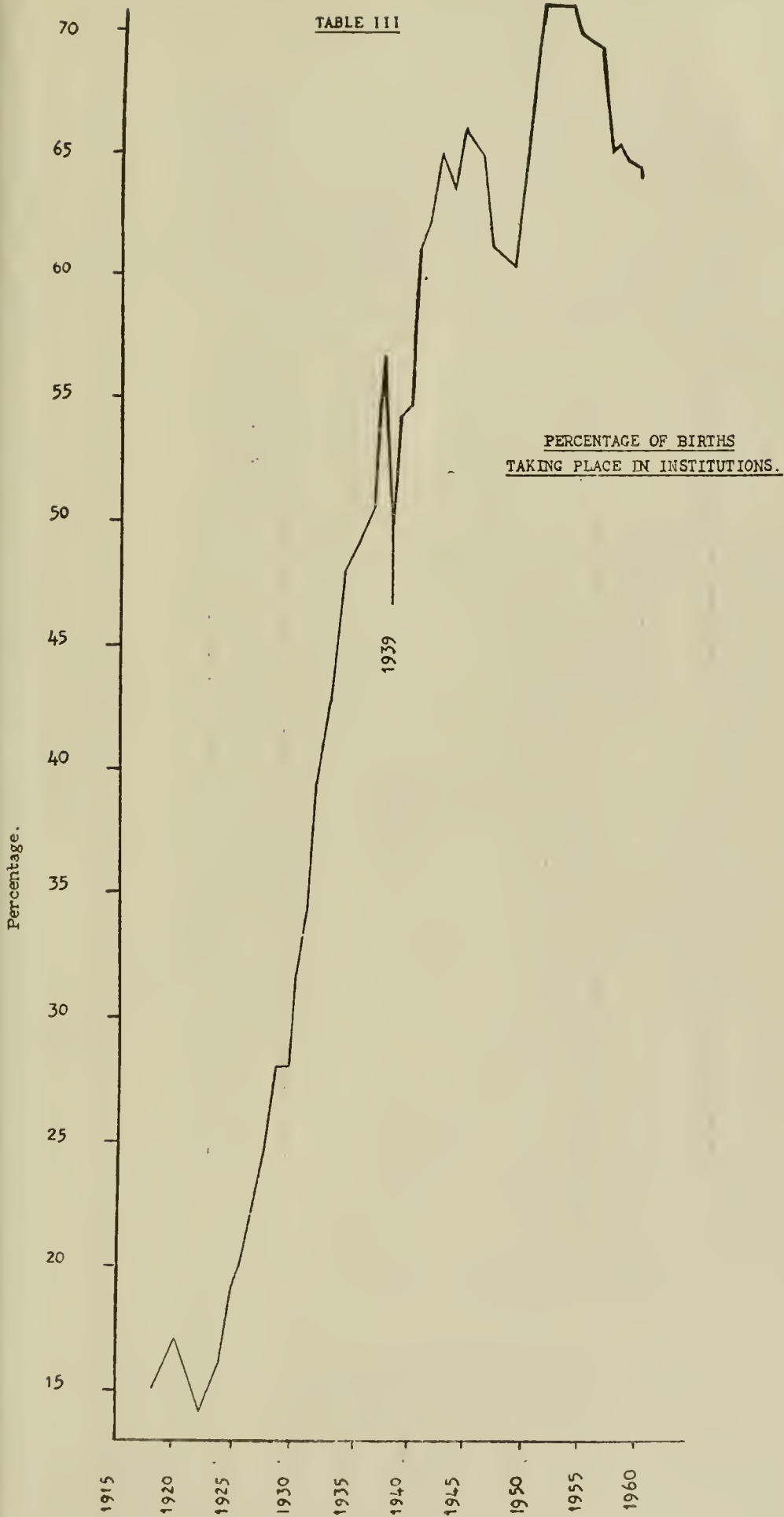


TABLE IV

Infantile Mortality Rate
per 1,000 Live Births — — —

Maternal Mortality Rate
per 1,000 Births - - - - -

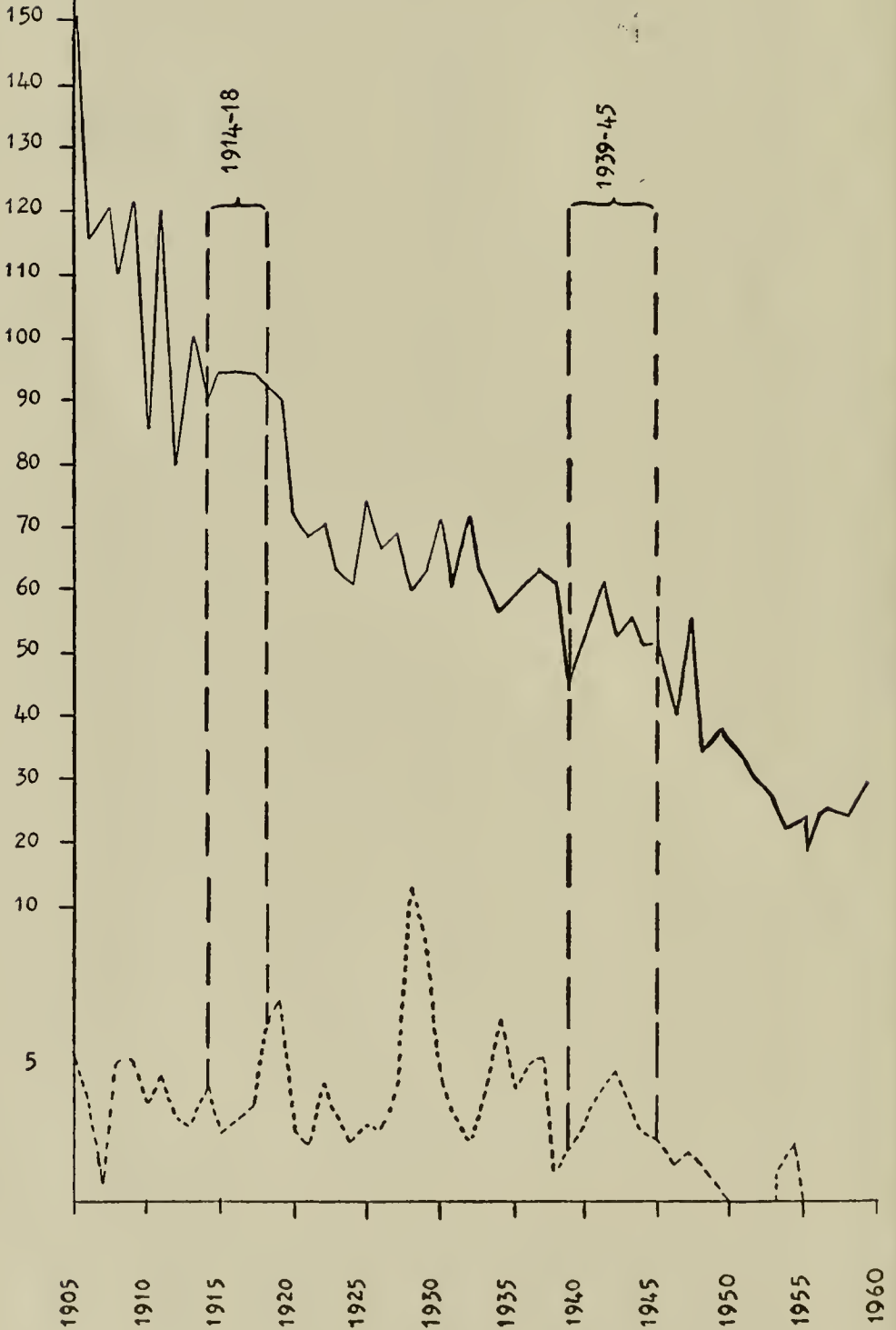
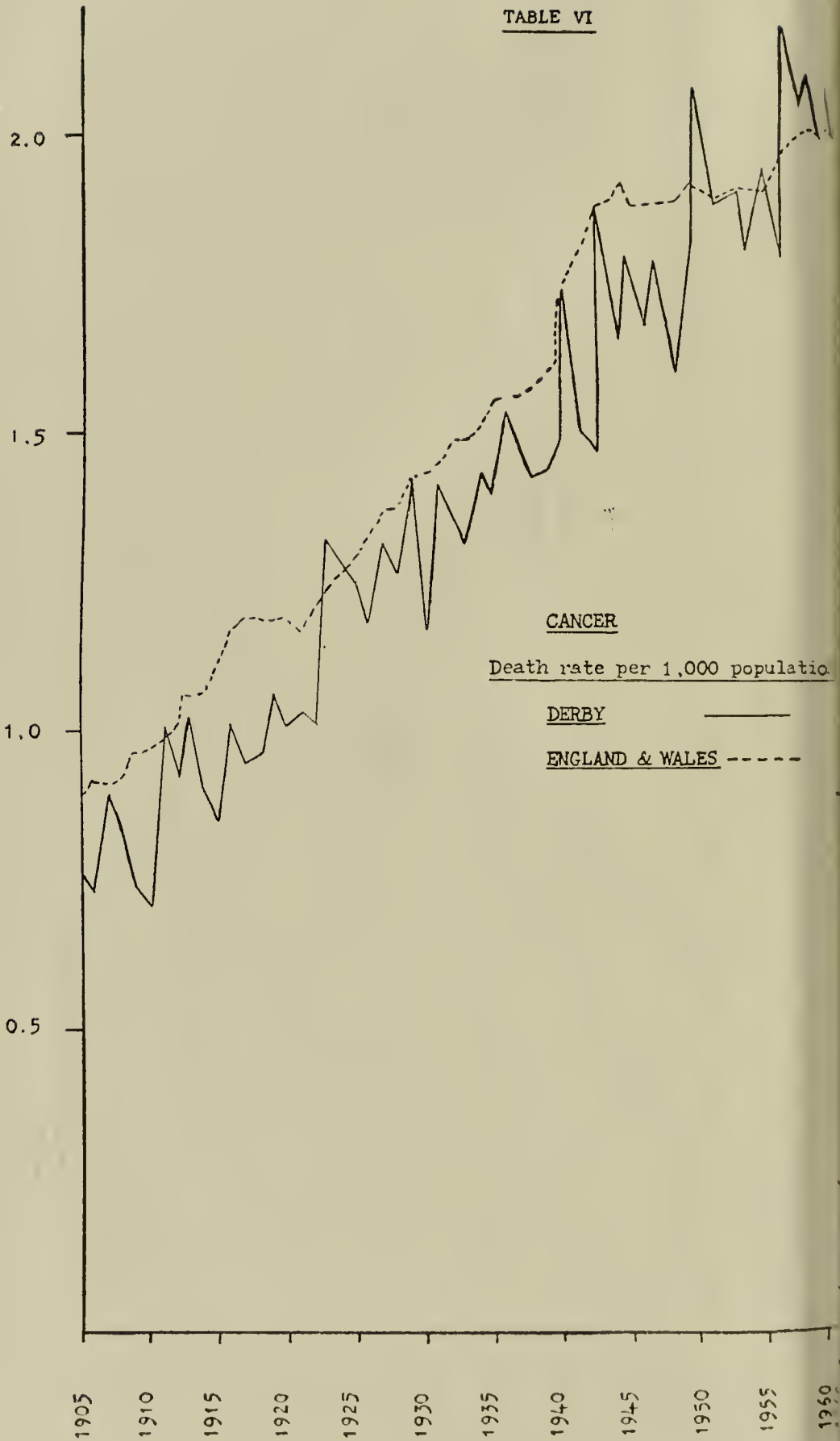




TABLE VI

Rate per 1,000 population.



II—MATERNITY AND CHILD WELFARE

Midwives.

During the period 1st February, 1959, to the 31st January, 1960, 61 midwives gave notice of intention to practise within the Borough.

50 were attached to institutions (17 at the City Hospital, 10 at the Queen Mary Maternity Home, 20 at the Nightingale Maternity Home, 2 at the Women's Hospital and 1 at Derwent Hospital) and 11 were in domiciliary practice. All the domiciliary midwives practising in the Borough were under the direct control of the Health Department.

There were no midwives practising privately in the Borough during the year.

1 midwife removed from the area during the year, leaving 11 in domiciliary practice and 49 in institutional practice at the end of the year.

During the above period, 1 midwife attached to the Nightingale Maternity Home gave notice to practise as a maternity nurse.

The following are details of maternity cases attended by midwives practising in the area of the Local Supervising Authority during the year :—

	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases.					Cases in Institutions.
	Doctor Not Booked.		Doctor Booked.		Totals.	
	Doctor present at delivery.	Doctor not present at delivery.	Doctor present at delivery (either the booked Doctor or another).	Doctor not present at delivery.		
) Midwives employed by the Authority ...	21	326	91	322	760	—
) Midwives employed by Hospital Manage- ment Committees ...	—	—	—	—	—	2,762
TOTALS ...	21	326	91	322	760	2,762

Number of cases delivered in institutions but attended on discharge from institutions and before the 14th day—

(a) by domiciliary midwives	...	...	71
(b) by health visitors	...	...	106
(c) by maternity nurse	...	...	559
			<hr/>
			736
			<hr/>

There were 11 domiciliary midwives practising in the Borough throughout the year and all of them had been approved by the Central Midwives Board as teachers of pupil midwives.

771 confinements (including non-residents) were attended by domiciliary midwives.

305 ante-natal and post-natal clinic sessions were attended.

2,887 domiciliary ante-natal visits were made.

13,839 domiciliary visits during the lying-in period were made.

1,258 domiciliary post-natal visits to institutional discharges were made by midwives, health visitors and maternity nurse.

Medical Aid.

Out of the 771 confinements attended by domiciliary midwives, medical aid was sought in 162 cases as follows :—

129 on account of mother or expectant mother.

33 on account of baby.

The following table shows the various reasons for the calling in of medical aid :—

Mothers.

ANTE-NATAL.

Ante-partum haemorrhage	...	...	...	...	...	9
Toxaemia	...	...	...	...	...	1
Raised Blood Pressure and Albuminuria	...	...	...	...	...	3
Ante-Partum shock	...	...	...	...	...	1
						<hr/>
						14
						<hr/>

NATAL.

Delayed delivery (mainly second stage)	...	...	...	...	...	25
Breech presentation	...	...	...	...	...	3
Premature labour	...	...	...	...	...	11
Retained placenta	...	...	...	...	...	8
Various (episiotomy, intra partum haemorrhage, etc.)	...	...	...	...	...	18
						<hr/>
						65
						<hr/>

POST-NATAL.

Lacerated perineum	...	...	...	...	...	29
Puerperal pyrexia	...	...	...	...	...	5
Post-partum haemorrhage	...	...	...	...	...	4
Phlebitis	...	...	...	...	...	1
Various (varicose veins, cough, etc.)	...	...	...	...	...	11
						<hr/>
						50
						<hr/>

Babies.

Prematurity	...	...	...	...	...	2
Cyanosis	...	...	...	...	...	4
Asphyxia	...	...	...	...	...	5
Poor condition	...	...	...	...	...	5
Upper respiratory infection, congenital malformations	...	...	...	...	...	2
Various (jaundice, dyspnoea, etc.)	...	...	...	...	...	15
						<hr/>
						33
						<hr/>

Notification of Artificial Feeding.

276 notifications were received, 91 from domiciliary midwives and 185 from institutions, as follows :—

	<i>Domiciliary.</i>		<i>Institutions.</i>	
	<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
<i>Substitution on account of :—</i>				
Insufficient Lactation	20	1	11	30
Other Causes	49	—	34	66
<i>Supplementary on account of :—</i>				
Insufficient Lactation	20	—	14	24
Other Causes	1	—	1	5
Total	90	1	60	124

Notification of Liability to be a Source of Infection.

21 notifications were received, 3 from domiciliary midwives and 18 from institutions, as follows :—

	<i>Domiciliary.</i>		<i>Institutions.</i>	
	<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
Mothers	3	—	8	10
Infants	—	—	—	—
Total	3	—	8	10

Notification of Death.

52 notifications were received, all from institutions, as follows :—

	<i>Domiciliary.</i>		<i>Institutions.</i>	
	<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
Mothers	—	—	—	—
Infants	—	—	18	34
Total	—	—	18	34

Notification of having Laid out a Dead Body.

1 notification was received as follows.

DOMICILIARY.		INSTITUTIONS.	
<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
—	—	—	1

Ante-Natal Clinics.

	<i>Sessions.</i>	<i>Women Attending.</i>	<i>First Attendances.</i>	<i>Total Attendances.</i>
Green Street	48	307	235	1,583
Boulton	50	207	166	963
Roe Farm	52	124	93	781
Normanton	53	240	189	1,170
Temple House	50	326	266	1,601
Mackworth	52	197	156	1,268
Total	305	1,401	1,105	7,366

Post-Natal Clinics.**GREEN STREET.**

36 attendances were made at ante-natal sessions.

TEMPLE HOUSE.

33 attendances were made at ante-natal sessions.

ROE FARM.

30 attendances were made at ante-natal sessions.

NORMANTON.

25 attendances were made at ante-natal sessions.

BOULTON.

24 attendances were made at ante-natal sessions.

MACKWORTH.

47 attendances were made at ante-natal sessions.

Maternal Mortality.

There were no maternal deaths in 1959.

Births.

3,768 notifications were received during 1959 under Sec. 203, Public Health Act, 1936. Of these, 2,005 were live births and 51 were still-births relating to Derby residents. 1,638 were live births and 74 were still-births relating to non-residents. The details were as follows :—

	LIVE BIRTHS.				STILL-BIRTHS.				Total Non-Residents.	Total Residents.
	Doctor				Doctor					
	Booked.		Not Booked.		Booked.		Not Booked.			
	Present.	Not Present.	Present.	Not Present.	Present.	Not Present.	Present.	Not Present.		
RESIDENTS :—										
Domiciliary ...	91	314	21	323	2	2	3	2	—	758
NON-RESIDENTS :—										
Domiciliary ...	—	7	—	1	—	—	—	—	8	—
TOTAL ...	91	321	21	324	2	2	3	2	8	758

	LIVE BIRTHS.		STILL-BIRTHS.		Total Non-Residents.	Total Residents.	Grand Total.
	Doctor		Doctor				
	Present.	Not Present.	Present.	Not Present.			
ENTS :—							
utional ...	227	1,021	18	24	—	1290	1290
DENTS :—							
utional ...	384	1,246	30	44	1704	—	1704
TOTAL ...	611	2,267	48	68	1704	1290	2994

1,290, or 64.1%, of total births relating to residents took place in institutions. 2,012 births were registered.

Still-Births.

125 still-births were notified. 51 were in respect of Derby residents and 74 non-residents. There were 119 burials of still-born children in the Derby cemeteries during the year. 53 still-births were registered in respect of Derby residents. Percentage of still-births to live births registered was 2.1.

51 still-births were investigated.

Analgesia.

At the end of the year all of the 11 domiciliary midwives were qualified to administer analgesics in accordance with the requirements of the Central Midwives' Board. 16 sets of apparatus were in use by these midwives.

During the year analgesics were administered in domiciliary confinements, as shown under, compared with previous years :—

Year.	No. of Confinements.	Analgesics Administered.	Percentage.
1955	747	581	77.78
1956	753	599	79.54
1957	751	592	78.82
1958	805	613	76.14
1959	766	559	72.97

Pethidine was administered in 335 domiciliary confinements.
Pethitortan was administered in 14 domiciliary confinements.

Care of Premature Infants.

1. Total number of premature babies notified during the year whose mothers are normally resident within the Borough ... 156
- (a) Born at home ... 40
- (b) Born in hospital ... 116

Weight at Birth.	PREMATURE LIVE BIRTHS.									PREMATURE STILL-BIRTHS.	
	† Born in Hospital.			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in Hospital.	Born at Home.
	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.	Total.	Died within 24 hrs. of birth.	Survived 28 days.		
(a) 3 lb. 4 oz. or less... (1,500 gms. or less).	20	13	2	—	—	—	5	1	2	10	2
(b) Over 3 lb. 4 oz., up to and including 4 lb. 6 oz. ... (1,500—2,000 gms.)	20	1	15	—	—	—	5	—	4	8	1
(c) Over 4 lb. 6 oz., up to and including 4 lb. 15 oz. ... (2,000—2,250 gms.)	26	—	24	2	—	2	1	—	1	6	—
(d) Over 4 lb. 15 oz., up to and including 5 lb. 8 oz. ... (2,250—2,500 gms.)	50	1	49	22	—	22	5	—	4	1	1
Totals ...	116	15	90	24	—	24	16	1	11	25	4

†—The group under this heading will include cases which may be born in one hospital and transferred to another.

Premature babies born on the district weighing less than $4\frac{1}{2}$ lbs. were transferred to the Premature Baby Unit; others were visited by domiciliary midwives until they reached the weight of 6 lbs.

Infantile Mortality during the year 1959.

Deaths from stated causes at various ages under one year of age.

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under One Year.
<i>Common Infectious Diseases.</i>	Measles ... ..	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever... ..	...	...	...	...	...	...	...	...	...	...
	Diphtheria: Croup ... ..	...	...	...	...	...	...	...	...	...	...
	Whooping Cough ... ..	...	...	...	...	...	...	...	...	...	...
	Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...
<i>Diarrhæal Diseases.</i>	Influenza ... ..	...	...	...	...	...	...	...	...	...	...
	Diarrhœa, all forms including Enteritis, Muco-enteritis, Gastro-enteritis, &c. ... ..	...	...	...	...	...	...	...	...	...	...
	Gastritis ... ..	...	...	...	...	...	...	...	...	...	...
<i>Wasting Diseases.</i>	Premature Birth	13	...	...	...	13	...	...	...	...	13
	Congenital Defects	9	...	...	...	9	3	2	...	...	14
	Injury at Birth	8	...	...	...	8	2	...	...	...	10
	Atelectasis	4	...	...	...	4	...	...	...	...	4
<i>Tuberculous Diseases.</i>	Atrophy, Debility, Marasmus ... ..	...	...	...	...	...	...	...	...	...	...
	Tuberculous Meningitis ... ..	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases... ..	...	...	...	...	...	...	...	...	...	...
	Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...
	Meningitis (<i>not Tuberculous</i>)... ..	...	...	...	...	...	...	2	...	...	2
<i>Other Causes.</i>	Convulsions ... ..	...	...	...	...	...	...	...	...	...	...
	Bronchitis ... ..	...	...	...	...	...	1	...	...	...	1
	Pneumonia	1	...	1	1	3	3	3	...	...	9
	Suffocation, overlying ... ..	...	...	...	...	...	...	...	...	...	...
	Syphilis ... ..	...	...	...	...	...	...	...	...	...	...
	Laryngitis ... ..	...	...	...	...	...	...	...	...	...	...
Other Causes		7	...	...	...	7	...	2	...	1	10
TOTALS		42	—	1	1	44	9	9	—	1	63

Births registered	Legitimate 1,860	Deaths registered	Legitimate Infants 57	Infantile Mortality 30.65	31.31 per 1,000 reg'd Births
	Illegitimate 152		Illegitimate „ 6		
				„ „ 39.47	

Attendances at Welfare Centres in 1959.

CENTRE.	Sessions held.	Attendances.		Number of Children						First Attendances.							Babies entirely artificially fed at first visit.											
		Mothers.	Children.	Weighed.	Seen by Doctor.					Under 1 month.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total under 1 year.	1—5 years.		Total.										
					Under 1 year.	1—2 years.	2—3 years.	3—4 years.	4—5 years.										Total.									
Boulton ..	49	318	1,550	269	83	58	23	1,636	1,622	219	77	35	19	8	358	45	34	5	3	—	87	9	96	24	4	2	—	30
Nightingale Road ..	104	439	2,643	392	186	170	66	2,884	2,857	311	117	81	55	35	599	101	21	6	4	3	135	10	145	46	7	3	1	57
Pear Tree ..	104	706	4,741	650	203	118	49	5,045	4,987	363	142	80	52	18	655	176	86	28	6	5	301	16	317	72	39	20	4	135
Normanton ..	50	399	1,699	285	125	60	43	1,838	1,816	205	103	55	30	23	416	56	37	14	3	2	112	9	121	16	16	9	3	44
Temple House ..	100	750	4,471	670	271	97	41	4,798	4,646	469	116	90	33	18	726	183	92	33	11	7	326	29	355	50	48	27	9	134
Rykneld ..	50	338	1,902	336	60	33	4	2,015	1,983	235	78	26	15	2	356	62	42	7	5	3	119	6	125	26	25	8	—	59
Roe Farm ..	51	245	950	97	31	19	8	988	977	284	36	16	9	4	349	49	21	12	2	3	87	1	88	19	14	10	3	46
Green Street ..	101	584	3,496	356	205	126	125	3,699	3,689	442	102	83	49	35	711	118	63	17	6	2	206	8	214	49	38	22	6	115
Mackworth ..	102	657	3,338	494	143	73	21	3,569	3,501	501	136	61	31	15	744	151	68	24	6	3	252	17	269	66	10	—	—	76
TOTAL ..	711	4,436	24,790	3,549	1,307	754	380	26,472	26,078	3,029	907	527	293	158	4,914	941	464	146	46	28	1,625	105	1,730	368	201	101	26	696

Ophthalmia Neonatorum.—Cases notified, 2.

Further information will be found on page 81.

Pemphigus Neonatorum.—No cases were notified during the year.

Children of Pre-School Age.

During the year under review, routine medical inspection was carried out in 1,299 children of two, three and four years of age. Of this number, 25 were admitted to school during the year and particulars of the treatment of those cases are included in that part of the Report dealing with school children. Of the remaining 1,274 routine medical inspections, 137 children were referred for treatment and 686 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 765. In addition, 111 re-inspections and 29 special examinations were made.

Below is a statement of cases, showing the numbers of children of pre-school age which were referred to the various clinics during the year :—

Orthopædic Clinic	...	...	...	...	...	122
Aural Clinic	...	...	...	...	...	3
Dental Clinic	...	...	...	...	...	390

Attention has been paid by the health visitors throughout the year to the conditions of the children's hair. Once again we have to report a very low incidence of infestation among those examined.

WELFARE FOODS.

The thirteen smaller centres continued to be staffed by voluntary workers. No alterations were made in the arrangements regarding method of payment by stamps and bulk deliveries by the Ministry's transport contractors to the main centre at the Council House.

During the twelve months ended 31st December, 1959, 23,051 free coupons and 155,425 coupons bearing postage stamps to the value of £9,775 14s. 10d. were destroyed by burning in the presence of officers of the Department, in accordance with the Ministry of Health's instructions.

The following table sets out the issues made at each centre, from which it will be seen that approximately 77.6% were made from the main distribution point at the Health Department.

Summary of Issues at Distribution Centres.

<i>Distribution Point.</i>	<i>N.D.M.</i>		<i>Cod. Liver Oil.</i>	<i>Vitamin A & D Tablets.</i>	<i>Orange Juice.</i>
	<i>Full Cream.</i>	<i>Half Cream.</i>			
	<i>Tins.</i>	<i>Tins.</i>	<i>Bottles.</i>	<i>Packets.</i>	<i>Bottles.</i>
Health Dept. Main Centre ..	55,379	2,224	7,640	8,160	66,234
Temple House	787	11	242	92	1,399
Boulton	1,013	8	259	130	1,947
Nightingale Road	1,263	16	258	100	2,189
Pear Tree	2,853	51	616	210	3,051
Normanton	710	11	236	180	2,014
Roe Farm	865	11	164	114	1,575
Rykneld	894	20	221	138	2,009
Green Street	796	7	302	110	1,742
Mackworth	2,160	23	472	171	3,396
W.V.S., Full Street	2	—	15	10	57
City Hospital	—	—	—	76	292
Nightingale Home	—	—	44	814	3,688
Queen Mary Hospital	—	—	—	73	177
Totals	66,722	2,382	10,469	10,378	89,770

REPORT OF HEALTH VISITORS' WORK FOR 1959

By E. G. Shipton, Superintendent Health Visitor.

It had been hoped not to have to preach staff shortage for 1959 because two vacancies were filled early in the year, but unfortunately this was offset by a high degree of sickness and leave of absence.

Numbers are still used as the measuring rod of the Health Visitors' work : we have as yet no alternative, but it is very inadequate. Home visits can vary between five minutes to half a day. Visits for 1959 were 45,630 and 44,133 for 1958, which shows an increase of 1,497, which could be accounted for in two ways : partly by the use of one car between five Health Visitors and secondly by a certain amount of rush visiting in an endeavour to keep families aware of the services and find where concentration was needed. Unless routine visiting is done, correct selection cannot be made. The materially good home can have its problems comparable to those of the slum home, but

they may not be so obvious and may not be revealed unless the Health Visitor has been accepted here as a friend. A smaller area and case load to each Health Visitor is needed if she is to implement fully her duties as adviser to the whole family.

It has been noticed elsewhere that the population of the Borough is lessening ; there is a noticeable move out to housing estates beyond the Borough boundary, many privately owned, taking with it the type of mother most anxious to learn. The clinic attendances have been affected by this. Attracted to the Borough are the one-room home makers, many content always to live on National Assistance. Throughout the year various students have, as part of the requirements of their syllabus, received instructional insight into the work done by the Health Visitor both on the district and in the clinics.

By allocating one member of the staff to Health Education during the latter months of the year, group education by means of film strips, talks and discussions was considerably increased and it is hoped in 1960 to further develop this. The class for expectant mothers held in the Health Visitors' Office is in its third year. There is advancement in the acceptance of the Health Visitor by the General Practitioner as part of the Health team and a happy relationship in most cases is developing here.

To help to form a bridge of understanding with the Mental Health field, a course of observation visits and discussions at Kingsway Hospital was arranged for the Health Visitors by Dr. Hunter, Medical Superintendent from February to April. The end of April completed the year's polio virus survey of the 0 to 5 group—the specimens being collected by the Health Visitors.

A problem which seemed more in evidence was that of the teenage mothers, lacking in a sense of responsibility and often not willing to accept guidance and advice. Difficulty was also experienced in keeping track of Jamaican children who were constantly on the move. These families seem to have a fostering system of their own, helping one another and in most cases are well cared for.

By arrangement, most of the Health Visitors have spent one day at the Nightingale Home Premature Baby Unit, and have enjoyed this stimulation to their knowledge of that section of the work. Co-operation of this unit with the Health Department has always been outstandingly good.

There is a general trend of better co-operation with Hospitals, but this is apt to fluctuate due to changes in staff. The Paediatric Conferences held at the City Hospital quarterly are valuable. Special mention is due to the work of the Diabetic Health Visitor, as this work has now completed its fifth year. During this time 423 cases have been visited. This year there have been 51 new cases and a total of 557 visits made. Owing to pressure of other sections of her work, visiting time available to Diabetics is one and a half days per week. This makes it only possible to see each new patient about five times, although an endeavour is made to see the children at least once a month. Many old people suffering from Diabetes who live alone are seen as often as possible, but no regular routine visits are made. Four wards

of the Derbyshire Royal Infirmary and two of Derby City Hospital are visited each week and new cases introduced to the Health Visitor, so that she is already known to the patient when she makes her first visit. There has been very good co-operation from the Almoners' Department in the hospitals and any suggestions have been met with all possible help. The National Assistance Board have been most helpful in giving extra financial aid to necessitous cases.

After a break owing to illness, contact by the Paediatric Health Visitor with the Children's Hospital has again been established. Interdepartmental co-operation has continued to be satisfactory, a necessity if we are to avoid too much overlapping of responsibilities, particularly in future developments in dealing with the great problems of the aged.

The problem families usually prove to be of low mentality, needing constant supervision and help for which they are not in the least grateful, but they slide back quickly into chaos if left alone.

SUMMARY OF HEALTH VISITORS WORK, 1959.

1. MOTHERS.

Visits re expectant mothers. First visits	...	...	...	304
Visits re expectant mothers. Total visits	...	...	...	526
Visits re mothers (post-natal)	...	...	...	2,139

2. CHILD WELFARE.

Visits re births	...	...	...	...	...	1,942
Visits re infants (under 1 year)	...	...	...	...	...	10,806
Visits re children (1 to 2 years)	...	...	...	...	...	5,548
Visits re children (2 to 5 years)	...	...	...	...	...	13,131
Visits re deaths of infants (under 1 year)	...	...	...	...	...	7
Visits re deaths of children (over 1 year)	...	...	...	...	...	2
Visits re premature babies	...	...	...	...	...	73
Revisits re premature babies	...	...	...	...	...	136

3. INFECTIOUS DISEASES (excluding tuberculosis).

Visits by Special Infectious Disease Worker	...	...	...	2,116
Visits by other Health Visitors	...	...	...	195
Visits to Schools, Nurseries and Laboratories by I.D. Visitor...	...	...	...	22

4. OTHER PUBLIC HEALTH WORK.

Visits re adoption	...	...	...	...	...	61
Special visits (including investigations)	...	...	...	...	...	893
Visits re after care (hospital discharges and home conditions)...	...	...	...	...	...	54
Visits re chronic sick	...	...	...	...	...	331
Visits re problem families	...	...	...	...	...	509
Visits re after care (diabetic patients)	...	...	...	...	...	560
Visits to hospital wards re diabetic patients	...	...	...	...	...	66
Visits to diabetic clinics re diabetic patients	...	...	...	...	...	45
Visits to Hospital re Pediatric patients	...	...	...	...	...	30
Visits involving Mental Health Problems	...	...	...	...	...	80

5. MISCELLANEOUS.

Unsuccessful visits (out, removals, etc.)	...	...	...	...	6,587
Assisting at infant welfares	...	...	...	...	886
Assisting at ante-natal clinics	...	...	...	...	319
Attending committee meetings	...	...	...	...	63
Talks and lectures given to students, clubs, etc.	...	...	...	...	23
Use of projector with film strips	...	...	...	...	40

Derby and South Derbyshire Moral Welfare Report, 1959

By Mrs. Mary Morling, Moral Welfare Worker.

The number of applications for help in the Borough has increased during 1959. Cases needing continual help have nearly doubled, and interviews increased by 340. We again emphasise the need for a Shelter-Hostel where girls could be sent at a moment's notice, and offering facilities for the care of their babies whilst they go out to work. This really is important.

We are greatly distressed at the number of girls under 16 who need our care. The fathers of their babies are also very young, one being still at school. Girls who come to us are given every care, not only as regards their physical needs, but also from a spiritual standpoint. We feel that this is greatly appreciated by many girls who are seeking comfort and assurance, coming as they do from homes with no religious background, where teaching on these matters has been neglected to the extent that some do not know even the Lord's Prayer.

Where necessary the parents of girls in our care are relieved of anxiety regarding fees, as the Medical Officer of Health and his Committee do not hesitate to accede to our request for full payment of these, and for this we and they are very grateful.

Large numbers of these young girls wish to keep their babies, and very excellent mothers they make. It is noticed that the bulk of these cases come from good homes, and it is to the credit of their parents that they are ready to forgive the misdoings, and help them to bring up the babies.

It is pleasing to note the increasing public interest in this social problem. Last year 65 meetings, with audiences composed of both men and women, were addressed, and several requests were made for repeat visits. We are greatly indebted to Dr. Leyshon and his Staff for their efforts in making our work known to the public, and for their willingness to help us. Miss Moss is always ready to take a baby into a Day Nursery, and receives the young mother with much kindness. Also we are indebted to the Borough Court in all its departments for the help and guidance given in the problems that confront us. The relationship between us all is very happy and we are most grateful.

Case Work, 1959.

New cases	...	...	...	...	...	...	...	94
Interviews at office	...	...	...	...	...	...	...	1,083
Telephone calls	...	...	...	...	...	...	...	501
Visits	...	...	...	...	...	...	...	450
Visits to Mother and Baby Homes	...	...	...	...	...	...	...	28
Visits for adoption	...	...	...	...	...	...	...	18
Meetings addressed	...	...	...	...	...	...	...	65
Courts	...	...	...	...	...	...	...	6
Assizes	...	...	...	...	...	...	...	2

BOROUGH :—

New cases	...	...	...	...	...	...	...	56
Active cases brought forward from 1958	...	...	...	...	...	...	...	21
Single girls having babies	...	...	...	...	...	...	...	33
Girls to Homes	...	...	...	...	...	...	...	21
Girls keeping babies	...	...	...	...	...	...	...	18
Babies adopted	...	...	...	...	...	...	...	7
Applications to adopt	...	...	...	...	...	...	...	6
Matrimonial Cases and Family Problems	...	...	...	...	...	...	...	13
Putative Fathers :—								
Single	...	...	...	...	...	...	...	22
Married	...	...	...	...	...	...	...	8

ANNUAL REPORT OF THE DAY NURSERIES FOR 1959

By Miss M. R. Moss, Supervisor of Day Nurseries.

The children who attended the Derby Day Nurseries did, as in previous years, show marked improvement as a result of the care bestowed upon them.

Some children came to us pale and lethargic, often over weight, with flabby inactive muscles. Others presented highly strung, restless unhappy tendencies, difficult with food and under weight. Other instances of "poor beginnings" reacted favourably to secure, constant day care. Of the children who came to us in a favourable condition, progress was continued and no dire effect resulting from separation from their parent/s was found.

Mothers are appreciative of the obvious progress of their children under our care ; those who need advice and instruction are assisted as much by the example shown them as by the teaching given.

Below will be found examples of categories admitted to the nurseries in 1959 :—

Widows or widowers	...	...	...	...	9
Unmarried mothers	...	...	...	...	29
Imprisonment of parent	...	...	...	...	1
Separated parents	...	...	...	...	49
Divorced parents	...	...	...	...	10
Illness of mother or father and confinements	...	...	...	...	28
Poor living accommodation (e.g. one or two rooms)...	...	...	...	...	51
Social problems (low mentality of parents)...	...	...	...	...	2
Husband in H.M.F. (National Service or Regular)...	...	...	...	...	8
Mother on essential work (e.g. Nursing, Teaching)...	...	...	...	...	17

Other admissions in addition to priority cases were made, due to socio-logical changes which, together with the high cost of living, make it necessary in many instances for both parents to work ; these include young married couples getting a home together, those with low incomes, etc.

There are four Day Nurseries accommodating 180 children daily, ages ranging from six weeks to five years of age.

The following summary shows the allocation of these places throughout the year, and it need not be emphasised that urgent cases are given immediate attention to prevent prolonged hardship.

	0-2 years.	2-5 years.
Number of approved places	70	110
Number of children on register at 1st January	67	144
Number of children admitted during the year	171	72
Number of children discharged during the year	115	123
Number of children on register at 31st December...	60	148
Number of children on Waiting List for the year...	218	202
Average daily attendance	47	107

It can be seen from existing waiting lists that more accommodation is badly needed in the town centre area, and an extension of the Ford Street Nursery would prove helpful in alleviating this problem, as a large proportion of applicants live or are employed in this locality.

The nurseries continued to serve the public from 8 a.m. to 6 p.m. Monday to Friday of each week throughout the year. The fees for admission remain at 5/- per day, with reduced fee of 1/9d. for needy cases. Short-term accommodation for emergencies, e.g. confinement or illness of mother, was provided as the need arose.

Children received weekly medical attention with periodic full medical examinations. Immunisation sessions for Diphtheria, Whooping Cough, Tetanus and Poliomyelitis also continued. The value of this medical attention cannot be over-emphasised, for, together with the daily care of balanced diet, sleep, rest, occupation and play in comfortable, happy, hygienic surroundings, the children enjoyed an excellent standard of health.

The number of staff employed at the end of the year was as follows :—

	<i>Ford Street Day Nursery.</i>	<i>Kitchener Avenue Day Nursery.</i>	<i>Ashtree House Day Nursery.</i>	<i>The Armstrong Day Nursery.</i>
Matrons	1	1	1	1
Staff Nursery Nurses ..	2	2	4	3
Nursery Assistants ..	2	2	3	2
Students	4	4	4	6
Sub-Trainees	3	3	4	4
TOTAL	12	12	16	16

The highlight of the year for both children and staff was the Mayor's visit in April. Councillor Mrs. Riggott, with her genuine love for children, made that a happy, friendly occasion which will long be remembered.

The training of students for the Nursery Nurse's Diploma played an important role as in previous years. Two years' training is given both in practical and theoretical fields, and the benefit in knowledge and understanding accumulated gives these girls a solid foundation, proving beneficial to children, to themselves and the community.

The number of students training during 1959 was 17 (eight "first year" students and nine "second year" students).

Eight candidates were successful in obtaining their Nursery Nurse's Diploma in July. (One failed, re-sitting and gaining certificate in November).

The eight "first year" students continue with their vocational training.

Two finalists left us in July, gaining posts at the Railway Orphanage, Derby. One obtained a private post with three young children, and one married but continued employment with children in Manchester. The rest remained on the Day Nursery Staff and were promoted to Nursery Assistant posts.

We were sorry to lose Mrs. Mockford (Matron), who retired from nursery work. Mrs. Mockford gave twelve years of conscientious service to this department. Her post was filled by one of our qualified nursery nurses who had proved herself worthy of promotion.

With this promotion we are justly proud to realise that each existing Nursery Matron obtained her qualification and valuable experience through the auspices of the local authority's training scheme.

The staff of the Day Nurseries continue to be keen and interested in the care of Derby's children and endeavour to lighten the load of mothers who, for various reasons, are forced to seek employment.

This Borough, then, is to be congratulated in providing well-run nurseries, with the amenities of a well-to-do home, for the mother who is poorly housed, widowed, or has other difficulties.

Nursing Homes.

Registered at 31st December, 1958	...	...	...	...	—
(1) Applications for registration	...	...	...	...	1
(2) Applications for registration withdrawn	...	...	...	...	—
(3) Homes registered	...	...	...	...	1
(4) Orders made refusing or cancelling registration	...	...	...	...	—
(5) Appeals against such Orders	...	...	...	...	—
(6) Cases in which Orders have been—					
(a) Confirmed on appeal	...	...	...	...	—
(b) Disallowed	...	...	...	...	—
(7) Number of applications for exemption from registration	...	...	...	...	1
(a) Granted	...	...	...	...	1
(b) Withdrawn	...	...	...	...	—
(c) Refused	...	...	...	...	—
On register at end of year	...	...	...	...	2

Nurseries and Child-Minders Regulation Act, 1948.

Four daily minders are registered under the above Act, providing altogether for 8 children. These children have been visited at approximately fortnightly intervals.

One nursery, for 27 mentally defective children, organised by the Derby and Derbyshire Society for Mentally Handicapped Children, is registered with the Authority.

III.—DENTAL SERVICES.

Report by Mr. F. Grossman, Principal School Dental Officer.

Personnel.

After a long and weary process of advertising, we have at last been successful in filling the vacancy which arose more than five years ago for a whole-time dental officer by the appointment of Mr. Sowter, who commenced duties on 26th October, 1959, bringing the total professional staff, including a part-time medical anaesthetist, equal to 4 5 11 full-time officers.

It is true that, for various reasons, there has been a small drift of children towards the general practitioners within the Health Service, where free treatment may be obtained up to the age of twenty-one years, but, despite this slight lessening of the burden, our staff is inadequate for its full purpose.

There have been four changes amongst the dental attendants during the year. It is highly satisfactory to know that an improved salary scale has now been adopted for these officers, and this encourages the hope that changes may be less frequent in the future.

General.

It is disturbing to still find during the periodic inspections of children at school, not only the presence of so much dental disease, but also of so many teeth that have been filled, indicating that, while timely repairs have been carried out with great benefit, these teeth are also further evidence of the widespread nature of the disease. It is equally disturbing to realise that much of the destruction that has occurred could have been avoided if there had been a greater knowledge amongst the public of the importance of such matters as general dental hygiene, and of diet in relation to teeth.

The menace of dental disease has now become so great in its dimensions and so grave in outlook as to become a national problem, and its urgency calls for efforts to be made for the dissemination of more dental health education by means of such media as radio, television and the public press, as well as through the agency of the Local Education Authorities. The population as a whole are to-day more tooth conscious than ever before, and the opportunity should be taken by giving them constant reminders of the evils—so far as teeth are concerned—of the eating of sweets, biscuits and snacks in-between meals when the cleaning of teeth is not possible, and the immense value of simple practice of dental hygiene.

Parents have their part to play in this, and in our age, when children appear to enjoy more freedom than formerly, and when pocket money is more plentiful, greater discipline needs to be exercised in these directions. They cannot, of course, always stand over their children when teeth are to be cleaned, nor be alongside them during all their leisure time, but I feel sure that, by example and thoughtful persuasion, greater help could be given by many parents than is at present forthcoming. While according some blame to them, one must acknowledge the difficulties some parents are faced with.

For example, many mothers who have outside work have not the time to take children for dental care until, by reasons of toothache, they must do so—by which time the invariable result being loss of teeth that might well have been saved.

I have long been of the opinion that if oral hygiene formed part of the school curriculum, and it were to be backed up by such co-operation from the parents as I have instanced, the standard of dental health of the school children—and consequently of the community of the future, would be considerably higher.

Premises.

The Clinic premises at Mill Hill Road have almost everything to be said in their favour. The rooms are spacious, well equipped, and most pleasant to work in. There is one drawback, however, to which I drew attention in my last annual report—its position with respect to the outlying districts where new housing estates are providing fresh communities. A regular part-time service in these areas would not only reduce the present inconvenience to both parents and children, but might lead to a greater acceptance of dental care for that reason.

TABLE 1.

1959

INSPECTION AND TREATMENT.

1. Number of pupils inspected by the Authority's Dental Officers:—		7. Fillings:—	
(a) Periodic Groups	9,717	Permanent Teeth ..	6,518
(b) Specials	3,026	Temporary Teeth ..	36
(c) TOTAL (Periodic and Specials)	12,743	TOTAL	6,554
2. No. found to require treatment.. ..	9,054	8. No. of teeth filled:—	
		Permanent	5,772
		Temporary	35
		TOTAL	5,807
3. No. referred for treatment ..	7,656	9. Extractions:—	
		Permanent Teeth ..	3,299
		Temporary Teeth ..	6,888
		TOTAL	10,187
4. No. actually treated ..	6,343	10. Administrations of	
		Anæsthetics:—	
		General	4,900
		Local	80
		TOTAL	4,980
5. Attendances made by pupils for treatment	11,640	11. Other Operations:—	
		Permanent Teeth ..	1,079
		Temporary Teeth ..	—
		Dentures	113
		Denture Repairs ..	34
		Orthodontic Appliances..	91
		X-rays	138
		TOTAL	1,455
6. Half-days devoted to:—			
(a) Inspection	75		
(b) Treatment	1,292		
TOTAL	1,367		

TABLE 2.

SHOWING INSPECTIONS AND TREATMENTS CARRIED OUT
AT THE DENTAL CLINIC FOR PRIORITY CLASSES.

1959.	CENTRAL CLINIC.				TOTALS.
	Expectant Mothers.	Nursing Mothers.	Pre-School Children.	Occupation Centre.	
Attendances	466	536	494	10	1,506
Cases examined.. .. .	197	170	390	8	765
Needing treatment	192	167	367	8	734
Referred for treatment	173	163	367	8	711
Referred to own Dentist	—	—	—	—	—
Refused treatment	8	4	—	—	12
Treatment inadvisable.. .. .	11	—	—	—	11
Failed to attend	18	2	1	—	21
Treated	153	160	366	8	687
Made dentally fit	62	87	334	3	486
Awaiting treatment	2	1	—	—	3
Extractions	557	565	865	19	2,006
Local Anæsthetics	68	49	—	—	117
General Anæsthetics	84	92	399	10	585
Fillings	135	65	45	—	245
Scalings and Gum Treatments	30	18	1	—	49
Silver Nitrate Treatments	—	—	26	—	26
Other Operations	108	292	2	—	402
Radiographs	10	16	—	—	26
Denture Patients	21	70	—	—	91
Full Dentures	13	78	—	—	91
Partial Dentures	18	35	—	—	53
Dentures Repaired	—	4	—	—	4

TABLE 3.

SHOWING THE NATURE OF THE TOTAL SERVICES GIVEN
TO THE PRIORITY CLASSES AT THE DENTAL CLINIC.

(a) *Numbers provided with dental care :*

	NEW CASES THIS YEAR						Failed to keep appointment	Treated by Us	Made dentally fit	Awaiting Treatment	Attendances made at Clinic
	Examined	Needing Treatment	Referred to		Refused Treatment	Treatment inadvisable					
			Our Treat- ment Clinic	Own Dentist							
Expectant Mothers ..	197	192	173	—	8	11	18	153	62	2	466
Nursing Mothers ..	170	167	163	—	4	—	2	160	87	1	536
Children under five ..	390	367	367	—	—	—	1	366	334	—	494

(b) *Forms of dental treatment provided :*

	Extractions	ANAESTHETICS		Fillings	Scalings and for Gum Treatments	Silver Nitrate Treatments	Other Operations	Radiographs	DENTURES		Repaired
		Local	General						Provided		
									Complete	Partial	
Expectant Mothers ..	557	68	84	135	30	—	108	10	13	18	—
Nursing Mothers ..	565	49	92	65	18	—	292	16	78	35	4
Children under five	865	—	399	45	1	26	2	—	—	—	—

IV.—SCHOOLS AND SCHOOL CHILDREN.

Report by Dr. J. E. Masterson, Deputy Medical Officer of Health and Deputy Principal School Medical Officer.

GENERAL REVIEW.

1959 was a year with far fewer staff changes than we have had for many years. Dr. O'Rourke left us at the beginning of the year, but we were very pleased to welcome Dr. Jill Forsythe in her place. All members of the School Health Service regretted the resignation at the end of the year of Nurse W. Brown and wish her a happy retirement. Miss Brown was the most senior of the school nurses and during her long service she gained first-hand knowledge of all the families who repeatedly needed help and guidance. I personally miss her help and advice with difficult human problems.

Annual reports of services which are functioning reasonably well tend to be repetitive documents. The School Health Service continued on largely similar lines to those described in earlier reports, but a few innovations warrant special mention.

With a full staff it was possible for the medical officers to make additional visits to the schools during the latter half of the year. Each of these special sessions was devoted to a few "difficult" children brought forward by the teacher, parent or welfare officer. In many of these cases psychological factors were predominant, and it is believed a leisurely chat between parent, teacher and school doctor prevented a slight maladjustment developing into something more serious needing referral to the Child Guidance Clinic. Dr. Ratcliffe in his report refers to the increase of cases referred to that Clinic and the danger of overloading, so it is very desirable that every effort should be made to deal with these cases at the earliest opportunity. At these special sessions the medical officer has an opportunity of meeting all the staff, and is able to quietly bring forward and discuss some aspect of health education.

In the past, audiometer testing has, of course, been available for special cases at the Central Clinic, but the whisper test has been routine at each of the three medical examinations carried out during the school life of each child. As the early ascertainment of hearing defect is so important, a scheme for routine audiometer sweep testing of all children in infant and junior schools was started towards the end of the year. This work is being undertaken by the school nurses working in pairs. Those schools where the teaching staff are known to be very "hearing conscious" are being visited first, but it is hoped that if the staff situation permits all children in all infant schools will be tested during their first term. During 1959, 462 children were tested, and 44 with some hearing loss were referred to the medical officer. In most of these cases the deafness proved to be temporary and due to wax, colds, catarrh and such like, but a few cases were referred to the Ear, Nose and Throat Consultant. Operations for tonsils and adenoids were necessary in three cases, and one infant was found to have labyrinthine deafness and was supplied with a hearing aid.

Although, ideally, the deaf child should be ascertained before reaching school age, there will always be a few who never attend the Infant Welfare Clinics or their own doctor, and consequently do not come under the close supervision of the health services until they reach compulsory school age. Routine audiometer testing will enable every deaf child to be thoroughly investigated during his first few weeks at school. A fuller report will be made next year in the light of experience gained.

During the year all children who head teachers of junior schools thought might benefit by transfer to one of the E.S.N. schools were assessed, and, with the extra accommodation made available by the opening in the autumn of 1958 of St. Giles' School, there are now virtually no junior school children in need of special E.S.N. schooling who are not getting it.

The Speech Therapy Clinic continues to do excellent work, but is understaffed. There was a chronic waiting list of about fifty throughout the year, and it does seem that there is an urgent need for at least one further full-time speech therapist to be appointed. Apart from reducing the waiting list, special sessions could be held at St. Giles' E.S.N. School on the periphery of the town, and possibly at Ashe Hall Special School.

The number of cases referred for Ultra Violet Ray therapy continued to decline so rapidly during the year that it was not considered necessary to continue with the clinic, and accordingly it was closed. Ultra Violet Ray therapy was extensively prescribed in the past for general physical debility, but with the improved general nutrition and health of the populace the need for it has become negligible; indeed the whole pattern of the School Health Service is gradually changing. The grosser physical defects, such as malnutrition, tuberculosis and rickets of past decades, caused by poverty, ignorance and deplorable living conditions are rarely encountered to-day, but, on the other hand, psychological disturbances of different types seem more prevalent, but whether they actually are so is difficult to determine. The stigma that used to be associated with any mental disorder is gradually disappearing as the public are enlightened, and so more and more cases of varying degree of severity come to light. There is no doubt, however, that there is still much work to be done in this field, and the School Health Service is fully aware of its task.

THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

Periodic Medical Inspection.

Number of Children inspected.—The total number of children inspected was 7,951. Of these, 4,031 were boys and 3,920 were girls. In addition, 352 children were brought forward for special examinations by head teachers.

The number of entrants to the Junior Departments tested for vision and hearing was 2,628. Of this number, 159 children were found to have defective vision, and 35 had some degree of defective hearing.

FINDINGS AT PERIODIC INSPECTION.

Physical Condition.

The physical condition of the 7,951 pupils inspected in 1959 was classified as follows :—

Satisfactory ... 7,880

Unsatisfactory ... 71

Heights and Weights.

Age.	Year.	BOYS.			GIRLS.		
		Number examined.	Average Height (inches).	Average Weight (lbs.).	Number examined.	Average Height (inches).	Average Weight (lbs.).
5 years ..	1912	440	40.27	39.42	462	40.16	35.56
	1915	443	40.6	38.9	464	40.5	38.04
	1919	499	40.7	39.4	496	40.3	39.1
	1925	851	41.3	40.4	838	41.0	39.3
	1935	842	41.8	41.6	779	41.7	40.6
	1946	466	42.3	43.0	439	41.8	41.3
	1952	750	43.3	43.8	737	42.9	42.0
	1953	992	43.1	43.2	914	42.8	42.2
	1954	870	43.4	43.7	897	43.0	42.2
	1955	810	43.5	43.3	730	43.1	42.1
	1956	812	43.2	43.0	700	43.0	42.1
	1957	671	43.5	43.4	632	43.2	42.3
	Born 1953	1958	552	42.9	494	42.5	40.8
	Born 1954	1959	580	42.6	545	42.2	40.5
10 years ..	1947	854	53.5	68.8	768	53.5	67.1
	1952	477	53.5	70.4	510	53.4	68.1
	1953	892	53.7	70.2	791	53.7	68.6
	1954	861	54.0	71.5	826	53.9	71.5
	1955	967	54.3	72.3	965	54.0	71.1
	1956	788	54.2	71.8	755	53.9	71.9
	1957	1,021	54.6	72.3	988	54.5	72.4
	Born 1948	1958	529	53.6	449	53.9	69.5
	Born 1949	1959	454	53.6	488	53.8	71.0
14 years ..	1947	425	62.8	104.4	364	62.0	106.3
	1952	770	62.9	107.2	644	62.0	107.7
	1953	599	63.4	108.3	817	62.0	107.5
	1954	913	62.1	109.3	773	62.1	111.1
	1955	789	63.2	109.7	755	62.1	111.4
	1956	751	63.3	108.1	590	62.1	109.6
	1957	594	62.9	108.7	880	62.1	111.4
	Born 1944	1958	547	62.8	627	62.9	112.1
	Born 1945	1959	520	62.9	565	62.5	112.3

Visual Defects and External Eye Disease.

The percentage of children found to have defective vision was 19.8.

In the three age groups, the percentages of children who were unable to read 6/6, 6/6, were :—

<i>boys born 1954</i>	<i>girls born 1954</i>	<i>boys born 1949</i>	<i>girls born 1949</i>	<i>boys born 1945</i>	<i>girls born 1945</i>
8.4	7.5	17.6	20.3	23.8	32.6

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were :—

<i>boys born 1954</i>	<i>girls born 1954</i>	<i>boys born 1949</i>	<i>girls born 1949</i>	<i>boys born 1945</i>	<i>girls born 1945</i>
5.4	2.9	8.4	5.5	8.7	9.2

The number of pupils, noted as requiring treatment was 955 (12.6%).

The number of partially sighted children as judged by the accepted criteria is 13.

Squint.

The number of children born in 1954 found to have a squint, even of the smallest degree, was 52.

Colour Vision.

The Ishihara colour vision test is carried out on all children in the leaver group. The following is a summary of the findings :—

	<i>No. examined.</i>	<i>No. found defective.</i>	<i>% defective.</i>
Boys	1,229	73	5.9 %
Girls	961	7	.7 %
	<u>2,190</u>	<u>80</u>	<u>3.6 %</u>

Parents of all children with defective colour vision are notified so that further investigation may be made if colour vision is likely to play an important part in the child's future career.

External Eye Disease.

The following defects were found in the course of periodic medical inspection :—

Blepharitis	28	Conjunctivitis	3
Other defects	27		

Uncleanliness.

See report on page 68.

Minor Ailments and Diseases of the Skin.

The following skin diseases were recorded at the medical inspections :—

Eezema	...	...	50	Seborrhœa	...	...	13
Warts	...	...	31	Psoriasis	...	...	10
Nævus	...	...	17	Urticaria	...	...	7
Verrueæ	...	...	15	Ichthyosis	...	...	1
Aene	...	...	33	Impetigo	...	...	5
Dermatitis	...	...	7	Other Diseases	...	...	109

Nose and Throat Defects.

The number of children referred for treatment for enlarged tonsils and adenoids was 1.5 per cent. of the number examined. The percentage placed under observation was 3.8.

Ear Disease and Defective Hearing.

85 children were noted as suffering from Otorrhœa at periodic medical inspection. All children suspected of suffering from any degree of deafness in school are medically examined and referred if necessary to the Consultant E.N.T. Surgeon who conducts a clinic weekly at Temple House. Audiograms are carried out by the school nurses.

Defective hearing, mostly of a slight character, was found in 107 cases.

Dental Defects.

2,629 children were found at the periodic medical inspection to have carious teeth.

Orthopaedic and Postural Defects.

The following deformities were noted at the periodic medical inspections :—

Foot Deformities	...	188	Postural Defects	...	50
Other Defects	...	...	...	...	434

Heart Disease and Rheumatism.

1.1 per cent. of all children examined were listed as having heart defects. Few of these were organic and the vast majority required only observation. During the year the compilation of a school cardiac register was continued, and all new entrants are being included. The progress of these children will be closely watched and it is hoped that over a period of years much useful information will be obtained.

The number of children found to be suffering from rheumatism was 13.

Tuberculosis.

Three cases were referred from periodic medical inspection to the Chest Physician for advice during the year. In addition, two "specials" were referred to the Chest Physician for opinion. Seven school children were notified as suffering from tuberculosis (all pulmonary) during the year.

Vaccination.

1,256 (15.8 per cent.) of the 7,951 children medically inspected were recorded as having been vaccinated. The percentages in previous years were as follows :—

1938	...	...	...	10.8	1954	...	...	...	10.6
1945	...	...	...	8.0	1955	...	...	...	12.8
1948	...	...	...	9.7	1956	...	...	...	12.6
1950	...	...	...	9.8	1957	...	...	...	13.4
1952	...	...	...	11.6	1958	...	...	...	13.1
1953	...	...	...	11.3	1959	...	...	...	15.8

Tonsillectomy.

Number and percentage of children found at Periodic Inspection in 1959 to have had tonsillectomy.

BOYS.				Number examined.	Number found to have had Tonsillectomy.	Percentage.
Born 1954	..	..	..	580	21	3.6
Born 1949	..	..	..	454	52	11.4
Born 1945	..	..	..	520	85	16.3
Others	..	..	..	2,477	337	13.6
Totals ..	..	..	..	4,031	495	12.3
GIRLS.						
Born 1954	..	..	..	545	22	4.0
Born 1949	..	..	..	488	61	12.5
Born 1945	..	..	..	565	88	15.6
Others	..	..	..	2,322	287	12.4
Totals ..	..	..	..	3,920	458	11.7
GRAND TOTALS ..	..	..	..	7,951	953	11.9

FOLLOWING UP.

The arrangements for the following up of children suffering from the various defects continued as outlined in a previous report.

ARRANGEMENTS FOR TREATMENT.

School Clinics.

	Monday.		Tuesday.		Wednesday.		Thursday.		Friday.		Saturday.
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.
Central Clinic, Temple House ...	S. M.A. C.G. R.G.	S. C.G.	C.G. R.G. S.	C.G. R.G. S.	M.A. C.G. S.	C.G. R.G. S.	S. M.A. C.G. R.G.	S. C.G.	C.G. R.G. S.	C.G. S.	S. M.A. C.G. R.G.
Ranch Clinics.											
Lightingale Road...				M.A.						M.A.	
Coulton	M.A.						M.A.				
Normanton.. ..			M.A.		M.A.				M.A.		
Wykeld			M.A.						M.A.		
Goose Farm	M.A.						M.A.				
Green Street ...			M.A.						M.A.		
Wackworth	M.A.						M.A.				

M.A. .. Minor Ailments Clinic.

S. .. Speech Clinic.

C.G. .. Child Guidance Clinic.

R.G. .. Remedial Gymnast's Class.

The Dental Clinic, Mill Hill Road, is held every day of the week.

In addition, the following Regional Hospital Board clinics are held in the Central Clinic premises:—

Ophthalmic Clinic Four sessions per week.

Orthopaedic Clinic One session per week.

Aural Clinic One session per week.

Consultation Clinic, Mill Hill Lane.

352 attendances were made at this clinic during the year.

Minor Ailments Clinics.

The total number of children attending these clinics was 3,144, and the number of attendances was 18,754. 2,798 examinations were made by Medical Officers.

The following is a record of the number of cases and attendances at the minor ailments clinics since 1931 :—

<i>Year.</i>				<i>No. of children attending.</i>	<i>Attendances.</i>
1931	...	...	...	11,470	55,460
1935	...	...	...	19,240	62,436
1938	...	...	...	19,224	63,820
1943	...	...	...	18,342	63,395
1945	...	...	...	16,810	59,750
1948	...	...	...	10,593	47,959
1950	...	...	...	11,323	41,957
1951	...	...	...	8,004	32,986
1952	...	...	...	5,552	31,684
1953	...	...	...	5,196	29,543
1954	...	...	...	5,347	29,382
1955	...	...	...	4,333	26,442
1956	...	...	...	3,991	23,170
1957	...	...	...	3,240	20,680
1958	...	...	...	2,886	20,129
1959	...	...	...	3,144	18,754

Dental Clinic, Mill Hill Road.

The Dental Clinic is held every day of the week (morning and afternoon).

Total number of cases attended	...	...	...	6,343
Total number of attendances	...	...	...	11,640
Total number of clinics held	...	...	...	1,292

Aural Clinic, Mill Hill Lane.

The number of children who received operative treatment for tonsils and adenoids during 1959 was 84.

In addition, 5 children received operative treatment for ear conditions.

Total number of cases attended	200
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Total number of attendances	326
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Included in these figures are 3 cases referred from Child Welfare Centres.

Orthopaedic Clinic, Mill Hill Lane.

Total number of cases attended	609
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Total number of attendances	753
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Included in these figures are 122 cases referred from Child Welfare Centres.

Number of X-ray examinations (at City Hospital)				24
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Attendances at Splint Maker	433
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Remedial Gymnast:

Total number of attendances (at Central Clinic)...				840
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AT ASHE HALL SPECIAL SCHOOL:—

Number of children treated	50
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Number of treatments given	1,636
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Number of visits to School	103
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Ophthalmic Clinic, Mill Hill Lane.

Total number of cases attended	2,109
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Total number of attendances	2,475
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Orthoptic Clinic.

I am indebted to Miss J. Powell, the Orthoptist in charge of the Department, for the following report:—

Number of cases dealt with during 1959 (including 13 new cases)	73
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CLASSIFICATION.

Under observation, on preliminary treatment, or actual treatment	27
---	-----	-----	-----	-----	----

Discharged	33
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Total number of attendances	320
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During the year, 2 cases received operative treatment.

SPEECH THERAPY CLINIC.

Report by Miss A. M. Fleming and Mrs. R. E. Goodwins,
Speech Therapists.

"There has been a continuity of staff at this Clinic for the past year, although both Speech Therapists are working part-time only at the School Clinic, thus constituting one therapist. As can be seen from the number of actual treatments given, a greater number of cases received Speech Therapy than when there was a full-time and part-time therapist in attendance. Numerically this is a good thing, but it means that the Borough is not gaining full benefit from the Speech Therapy Service. Home and school visits are an essential feature of our work for gathering information, giving advice and discussion of difficult cases. It has been impossible to accomplish these visits because of the pressure of the number of children under treatment and the ever-growing number on the waiting list.

"The waiting list has fluctuated between fifty-six and forty-one, and it will be impossible to reduce this number in the foreseeable future. At present only a small percentage of the E.S.N. children can be treated, although at Temple House and St. Giles' a number of children are in need of treatment, and, more important, could benefit from it. There has been a rise of thirty-six in the number of cases referred for treatment compared with 1958, despite the fact that only cases thought to be in urgent need of treatment have been referred, in view of the waiting list. When these facts are taken into consideration, it is obvious that another full-time Speech Therapist is needed in this Service.

"The number of children referred with articulatory defects or retarded speech and language development, due to emotional difficulties, is steadily rising. Many of these children suffer from a lack of discipline in the home, having been spoiled and babied.

"Largely as a result of the number of school children referred with retarded speech and language development, a pre-school group was formed in August and has met once a week since then. There are six children in the group, each member having been carefully selected. They have both group and individual therapy, and their mothers are advised as to procedure at home. The mothers bring the children and wait until the group is over, and we feel that their discussion with each other in the waiting room is also of value. Unfortunately the Clinic is by no means sound-proof, and any conversation or treatment can be clearly heard in all parts of the Clinic. The value of tape recordings is often very much diminished owing to noises from other parts of the building.

"The formation of this group called for certain equipment which would not be entirely necessary with individual children. A 'shop' has been gathered together through the generosity of members of the clerical staff of the School Health Service in collecting empty cartons, etc., and it is hoped to add a large sand-tray to our inventory in the near future.

"Attendance continues to be very poor during school holidays. Despite both verbal and written reminders, patients fail to attend, and there would seem to be no remedy for this.

"We have been visited by four student teachers, two Grammar School girls who were considering Speech Therapy as a career, and the Special Services Sub-Committee. The latter were especially welcome, as are all visitors, although only a fraction of the work carried out in this Clinic can be demonstrated during such visits. In May we attended a one-day conference at the Derbyshire Royal Infirmary on 'Voice', and we much appreciated the opportunity of attending this meeting. Refresher courses and lectures of this type are stimulating, and the chance to meet those employed in other branches of the Health Service and Education Service for discussion is most valuable, especially from the point of view of co-operation."

No. of cases seen during 1959	271
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(Of these cases, 11 were treated at Derbyshire Royal Infirmary, and 36 are still on the waiting list, but have been interviewed).

Classification of cases seen during 1959 :

Stammer	42	} 271
Dyslalia	...	...	...	...	...	151
Cleft Palate	...	...	...	...	...	15
Dysphonia	3	
Dysarthria	1	
Others	59	

No. of cases carried over from 1958	106
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No. of new cases admitted during 1959	86
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No. of cases carried over to 1960	110
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No. discharged (this includes 31 cases discharged before treatment commenced) :

Speech normal	56	} 114
Much improved	...	...	...	...	19
Some improvement	...	...	...	...	1
Left district	...	...	...	...	5
At parents' request	...	...	...	...	3
Lack of co-operation	...	...	...	...	1
Failed to attend	...	...	...	...	11
Failed to attend for initial interview	...	...	...	...	13
Transferred to County	...	...	...	...	2
Left school	...	...	...	...	3

No. referred during 1959	...	...	...	...	121
No. on waiting list on 31st December, 1959	...	...	...	...	44
No. of School visits	...	...	...	...	5
No. of Home visits	...	...	...	...	2
No. of Clinics held	...	...	...	...	442
Possible number of attendances	...	...	...	...	2,549
Actual number of attendances	...	...	...	...	1,907

Cases Treated at Derbyshire Royal Infirmary during 1959.

No. of cases treated during 1959	...	...	...	...	11
Classification of cases treated during 1959 :					
Stammer	...	...	...	...	2
Dyslalia	...	...	...	...	1
Cleft Palate	...	...	...	...	3
Others	...	...	...	...	5
					11
No. discharged during 1959	...	...	...	...	3
(Speech normal 2 ; Ineducable 1).					
No. of cases carried over to 1960	...	...	...	...	8

CHILD GUIDANCE CLINIC.

Report by Dr. T. A. Ratcliffe, Psychiatrist.

"The most striking, and most important, features of 1959 at the Derbyshire Borough Child Guidance Clinic have been the very great increase in our case-load, and the development of certain valuable new aspects of the Service which it is the aim of this Clinic to provide.

"As the appended figures will show, the number of new cases referred to us has increased, and now stands at double the figure for 1957 and 50% above the figure for last year. It is by far the highest total which we have reached in the eleven years in which my own professional services have been provided by the Regional Hospital Board for this Clinic. Inevitably this increase of new referrals means not only an increase in the time spent by the Clinic team in our diagnostic and assessment interviews, but an even greater pressure on the time we must provide for the treatment of the child, and the necessary parallel help to parents and to the school over each case. That we have been able to deal with this greatly increased pressure of work has been possible only because of the very hard work and the high professional skills of my colleagues in the Clinic team.

"Nevertheless it is quite certain that, with the present case-load, our professional team is stretched to its utmost capacity ; any further increase would inevitably raise the question of our need for additional psychiatrist, psychologist and psychiatric social worker services in the future.

"Mr. Todd describes in a separate report the most recent expansion of the Clinic's work with the schools. I would stress here what a valuable new development this is.

"1959 has seen the issue of the long-awaited Circulars of the Ministries of Education and Health on the future development of Child Guidance Services in England and Wales. These Circulars were based on the findings of the Underwood Committee. And, since that Committee's recommendations are generally accepted as representing sound Child Guidance policy, we were gratified, although not altogether surprised, to find how closely the professional techniques which we have developed at this Child Guidance Clinic follow the methods advised in the Circulars. This is not to suggest, however, that we are satisfied with the level which we have achieved. There is still much in these Circulars that would repay careful consideration both by the Clinic team and by the Authority.

"The appointment during the year of a full-time Remedial Teacher, and the provision of part-time clerical help, have each been a most valuable contribution to the work this Clinic has to do. We are most grateful to the Authority for enlarging the Clinic establishment in this way ; and grateful also for those structural alterations and redecoration of the Clinic premises which have done so much to improve its amenities."

Report by Mr. G. Todd, Psychologist.

"It sometimes happens that head teachers are puzzled by the educational and emotional problems presented by a particular child, but feel that the difficulties are not so great as to warrant referral to the Child Guidance Clinic, or they may be uncertain about referring the child. In such cases the psychologist is always available to discuss the child with head teachers and class teachers, and to fulfil an advisory function, in many cases without seeing the child. In this way it is possible to observe a child's progress or regress, in terms of emotional and educational adjustment, over a period of time, after which the head teacher and psychologist can decide whether there is any need to make formal referral to the Child Guidance Clinic. Occasionally children are given tests in school by the psychologist at the head teacher's request.

"This preventive aspect of the psychologist's work is described in some areas of the country as a Schools Psychological Service. It is complementary to the work of the Child Guidance Clinic, and can create better liaison between the schools and the clinic.

“Since the welcome appointment of Miss D. M. Hardy as Remedial Teacher in September, 1959, it has been possible to offer a more comprehensive service to schools. Remedial groups, principally to deal with reading problems, have been established in five junior schools, and draw children from seven junior schools. Head teachers submitted children whom they felt would benefit from such tuition, and all these children were interviewed and tested individually by the psychologist, who then made the final selection for each group. It is emphasised that these groups are not intended for dull children on the borderline of educational subnormality, but are for children of reasonably good potential who have fallen behind in the basic subjects and who require skilled individual help.

“In addition to her other work, Miss Hardy has regularly visited a further junior school to give instruction to three children who have lived an itinerant life and who have had virtually no schooling. All head teachers have been most helpful in making arrangements for the groups, and Miss Hardy’s difficult task has been rendered much easier by the most sympathetic way in which she has been received by all staff.

“Children attending the Clinic for individual remedial teaching often present very considerable problems, both educational and emotional. Progress in terms of reading ability is not always fast, although there have been some notable successes. In many cases the large gain in confidence following a relatively small improvement in reading ability, and based on the relationship formed with the remedial teacher, appears fully to justify the work.

“It is important to note that remedial teaching individual and group sessions, which were formerly counted for record purposes on a half-hourly basis, are now counted on an hourly one.

“The psychologist has given a number of talks during the year to Parent Teacher Associations and to other organisations interested in the problems involved in the natural development of children.”

Statistical Tables.

NOTE 1.—The figures in these Tables refer only to the actual work done in the Child Guidance Clinic during 1959. Since there is always a considerable carry-over of case material under treatment and survey from one year to the next, it is inevitable that the totals given in the various Tables cannot tally with each other.

NOTE 2.—The corresponding figures for 1958 and 1957 are given in brackets.

TABLE I. <i>Interviews carried out by Psychiatrist.</i>							1959	1958	1957
New cases	...	...	...	...	...	...	79	(59)	(64)
Parents	...	...	...	...	...	...	91	(112)	(134)
Treatment interviews	...	...	...	...	...	...	117	(77)	(50)
Survey interviews	...	...	...	...	...	...	34	(70)	(82)
Others (Children's Officer, foster-parents, Probation Officer, etc.)							10	(24)	(23)
Home visits	...	...	...	...	...	...	11	(10)	

TABLE II. <i>Interviews by Educational Psychologist.</i>							1959	1958	1957
Clinic interviews for intelligence and other tests...							149	(97)	(67)
Test interviews in schools	...	...	...	...	...	...	48		
School visits	...	...	...	...	...	...	180	(193)	(172)
Home visits	...	...	...	...	...	...	41	(91)	(201)
Play or interview sessions	...	...	...	...	...	...	201	(75)	(110)
Parents and others	...	...	...	...	...	...	302	(271)	(284)

TABLE III. <i>Interviews by Psychiatric Social Worker/ Remedial Teacher.</i>							1959	1958	1957 (three months)
Remedial teaching	...	...	...	...	...	...	134	(494)	(63)
Home visits	...	...	...	...	...	...	588	(514)	(70)
Interviews in Clinic	...	...	...	...	...	...	340	(141)	(14)
School visits	...	...	...	...	...	...	2	(18)	(2)
Others	...	...	...	...	...	...	545	(304)	(19)
Visits to hostels for maladjusted children							27	(14)	

TABLE IV. <i>Interviews carried out by Remedial Teacher.</i>									
Group sessions in schools							101		
Remedial teaching interviews in the Clinic							66		

TABLE V. <i>Recommendations Made.</i>							1959	1958	1957
New cases referred to the Clinic during 1959							129	(84)	(66)
New cases remaining 31st December where full diagnostic interviews are still incomplete							22	(16)	(10)
Recommended for—									
Intensive treatment							16	(12)	(6)
Survey							30	(24)	(45)
Relationship therapy or play group							21	(9)	(3)
Remedial teaching							4		
Diagnosis and initial advice only							7	(3)	(3)
Diagnosis and report only							24	(14)	(7)
Other disposals							5	(6)	(2)
Cases closed, including those referred for initial advice and report only...							105	(81)	(55)

TABLE VI. *Sources of Referral.*

	1959	1958	1957
School Medical Service	33	(36)	(23)
Schools	35	(17)	(18)
Parents	14	(7)	(7)
Juvenile Court and Probation Officer	1	(2)	(2)
Speech Therapist	5	(4)	(4)
Children's Officer	6	(7)	(2)
St. Christopher's	5	(2)	(2)
General Practitioners... ..	10	(6)	(3)
Hospital	9	(2)	(4)
School Welfare	6	(1)	(1)
County Child Guidance Clinic	3		

TABLE VII. *Distribution of Schools.*

	1959	1958	1957
Pre-school	4	(4)	(2)
Nursery	2		
Infants	23	(16)	(22)
Junior	45	(29)	(21)
Secondary Modern	31	(16)	(13)
Grammar and Secondary Technical	10	(8)	(6)
Not at school	4	(2)	(2)
Special Schools : Educationally Subnormal	3	(5)	
Physically Handicapped	2	(2)	
Delicate children	5		

TABLE VIII. *Reasons for Referral.*

(Note.—The large variety of individual reasons are here grouped for convenience into four arbitrary and overlapping categories).

	1959	1958	1957
Educational problems	34	(16)	(8)
Behaviour problems	52	(37)	(31)
Emotional (Nervous) problems	34	(25)	(24)
Other reasons	9	(6)	(3)

TABLE IX. *State of Cases on Closure.*

	1959	1958	1957
(a) Completed :—			
Much improved	26	(21)	(21)
Improved	25	(24)	(16)
No change	8	(6)	(8)
(b) Diagnosis and initial advice only	7	(3)	(1)
(c) Diagnosis and report only	24	(15)	(8)
(d) Cases closed for other reasons	15	(12)	(1)
(These include children who have left school or the area before treatment was completed, or cases closed because of lack of co-operation).			

PROVISION OF MEALS.

The number of children on the Free Meal List is 852.

CO-OPERATION OF PARENTS.

The number of parents who attended with their children for periodic medical inspection, together with the figures available for previous years, was as follows :—

				<i>Number.</i>	<i>Total Percentage.</i>	<i>Percentage in Infant Group.</i>
1914	...	...	...	1,096	14.2	—
1924	...	...	...	1,464	24.8	—
1934	...	...	...	4,077	48.6	83.0
1938	...	...	...	3,783	54.0	80.0
1945	...	...	...	2,122	55.0	80.1
1947	...	...	...	3,859	48.3	73.4
1949	...	...	...	3,452	60.8	85.6
1951	...	...	...	3,488	60.3	87.0
1952	...	...	...	3,838	54.8	86.9
1953	...	...	...	5,371	63.2	87.0
1954	...	...	...	4,697	57.6	88.2
1955	...	...	...	4,821	59.0	88.1
1956	...	...	...	4,194	61.0	88.3
1957	...	...	...	4,166	61.1	87.3
1958	...	...	...	4,435	55.1	89.9
1959	...	...	...	4,369	54.9	85.1

HANDICAPPED PUPILS. PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES:—

In the calendar year:—									
A. Handicapped Pupils newly placed in Special Schools or Homes									
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes									
Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Mal-adjusted	Epi-leptic	Total
—	—	2	1	30	—	53	3	—	89
1	1*	3	2	23	2	65	3	—	100
On or about 22nd January, 1960.									
C. Number of Handicapped Pupils—									
(i) were on the registers of:—									
(1.) maintained Special Schools:—									
(a) as Day Pupils	—	—	—	27	—	189	—	—	216
(b) as Boarding Pupils	1	—	—	54	3	3	—	—	61
(2.) non-maintained Special Schools:—									
(a) as Day Pupils	—	13	1	—	—	—	—	—	14
(b) as Boarding Pupils	1	3	—	—	3	—	—	1	9
(ii) attending Independent Schools (under arrangements made by the Authority)									
(iii) Boarded in Homes	—	—	—	—	1	—	—	—	1
Total (C)	2	16	1	81	7	192	6	1	307
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—									
(i) in hospitals	—	—	—	—	—	—	—	—	—
(ii) in other groups	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	3	—	—	—	3
E. Number of Handicapped Pupils requiring places in Special Schools—									
(i) (a) Day	—	—	—	—	—	1	—	—	1
(b) Boarding	—	—	—	2	3	—	—	—	5
Number included in above—									
(ii) who had not reached the age of five	—	—	—	—	—	—	—	—	—
(a) awaiting day places	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places	—	—	—	—	1	—	—	—	1
(iii) who had reached the age of five but whose parents had not consented to their admission to a special school									
(a) awaiting day places	—	—	—	—	—	1	—	—	1
(b) awaiting boarding places	—	—	—	—	—	—	—	—	—
F. Number of Handicapped Pupils on the registers of Hospital Special Schools									
.. .. .	—	—	—	—	—	—	—	—	4

* These children were admitted to Reanfort. Class for Partially Sighted in 1959. In addition to the above tables, one pupil suffering

Educationally Subnormal.

Notified under Section 57 (3), Education Act, 1944	...	...	7
Notified under Section 57 (4), Education Act, 1944	...	...	1
Notified under Section 57 (5), Education Act, 1944	...	...	4

E.S.N. Day Special Schools.

103 children were seen and assessed during 1959, and 56 were ascertained as E.S.N. and admitted to one or other of the E.S.N. Schools.

The majority of these children were from the junior schools and, although the I.Q. was not the only factor taken into consideration, nearly all were, in fact, in the I.Q. range 50—75.

The following is a report by Mr. F. G. Smith, Headmaster of Temple House School :—

“The School started off the year as 1958 had ended with a shortage of two teachers, and having seventy-six pupils instead of the practical maximum of one hundred and four in consequence.

“From September, two teachers were transferred to the School and the number of pupils was progressively increased until by the end of December ninety-eight were on roll.

“During the whole year, thirty-five pupils were admitted, twelve left on reaching the age limit of sixteen ; two girls were transferred to St. Giles', and one girl was put on the Suspense Register. Two boys were transferred from St. Giles' to Temple House. Ten of the sixteen year old leavers are in employment ; of the two not yet employed, one suffers severely from fits : the other boy is the unfortunate possessor of a physical appearance which does not inspire confidence in a prospective employer, though in fact he would be a very reliable worker.

“By the end of the year the present Head knew he would be leaving the School to take up employment in a residential E.S.N. school, and one of the staff was accepted for a one-year course of training in E.S.N. work at Leicester University, starting in September, 1960.

“With this knowledge in mind, the following points may be put forward :—

“The valuable work being done at Temple House will be almost doubled in value when the hoped-for new school is built, with facilities for training in such basics as bathing, teeth-cleaning and personal hygiene, and tidiness in general ; in addition to the urgently needed spaciousness.

“The Education Committee have now wisely made sufficient provision for the teaching of E.S.N. children as far as numbers are concerned, and there is no necessity for any child to reach the Secondary Modern School because of shortage of places in the Special School.

“As this will be my last report, I would like to stress how much I have appreciated the co-operation and help I have received from the medical authorities and all the other services connected with the education of the children.”

The following is a report by Miss K. S. Jays, Headmistress of St. Giles' School :—

“The School opened the year with fifty-nine on roll, this number increasing to seventy-three by December.

Five sixteen year old girls left during the year. One found work in the packing department of a large wholesale grocery concern, one in the cafeteria at a multiple store, and one as a dining room maid at a hospital. Two who left at Christmas have yet to find employment. During the year one eleven year old boy was transferred to Temple House, two girls of twelve and ten years respectively were deemed ineducable and removed, one eight year old girl was transferred to an ordinary school, and an eight year old boy was given two weeks' trial but was not kept.

“Two new members of staff came in August, giving us our full complement for five classes, plus the Domestic Science mistress.

“The attendance has been good.

“A general medical examination took place in February. Dr. Horne, Senior Medical Officer for the Ministry of Education, visited the School in November. Nine children were sent to the Skegness Holiday Home.

“A small group of partially sighted girls attend on Friday mornings for Domestic Science work with Mrs. Harrison.

“Swimming has been enjoyed throughout the year. Several certificates have been awarded, including three for the one mile test.

“Senior girls have visited the Darley Mills, Messrs. Hampshires, and the Crown Derby Works, and the School spent one day in Dovedale.

“Two training college students spent two weeks in the School in July.

“During the year parents and guardians came to Sports Day and to the Christmas Carol Service and Nativity Play, when they were able to see some of the pupils' work.

“In December two officials from the Gideons presented fifty-seven Testaments to the girls.”

Class for the Partially Sighted.

Report by Miss M. I. Copley, teacher-in-charge.

“In January this Class moved to fresh premises, having been transferred to Beaufort Primary School. New furniture was supplied, which included Kingfisher desks specially designed for the use of partially sighted pupils. The Class now meets in a compact, comfortable, well-lighted room, having daylight mainly from the north, with subsidiary south-lighting near to ceiling level, which avoids the sun dazzling the children. Artificial lighting is provided by four lamps, each of 300 watts in large acorn shades, and one fluorescent light directed on to the blackboard. A change-over from blue chalk on a yellow board to white on a black board proved satisfactory.

"Active co-operation from the Heads of Beaufort Infant and Junior Departments, St. Giles' and Temple House Special Schools, has included the use of assembly halls and spare classrooms for activities, participation in joint events such as Open Day with special sports events for this Class, colour slide talks, and the sharing of apparatus, and, best of all, inclusion in swimming, woodwork and housecraft classes. We also have the use of a canteen on our own, and the kitchen staff take a kindly interest in these children. This same kindly interest is shown by all teaching, clerical and cleaning staff.

"An exhibition of the work and apparatus of this Class was held on Beaufort School Open Day in June. A former pupil assisted the teacher to run this exhibition. It attracted much interest and many questions were asked by visitors. One boy has shown considerable skill at woodwork, and two have gained quarter-mile swimming certificates.

"The children conducted their own Harvest Festival Service and performed a Nativity Play, to both of which visitors were invited.

"Links with other countries have been made through talks by visitors from Montreal, U.S.A. and Sidney, Australia. Photographs, letters and colour slides have been exchanged, and the links are being maintained. Contact is also maintained by exchange of individual letters with a partially sighted class in Sheffield.

"Six former pupils have contacted the teacher during the year, all of them in full employment and happy in their work.

"Class visits have been made to Lathkill Dale and also to Breadsall village, where the children saw a blacksmith at work and were taken round a sixteenth century cottage.

"In all ways this has been the happiest and most progressive of the Class's twenty-one years, for, although most of the children are of low ability, each has put out an effort to improve in this happy environment, and has made progress."

Ashe Hall Special School for Delicate Pupils.

Miss M. E. Curtis, Headmistress, reports as follows :—

"The work of the School continues steadily. The roll for 1959 averages eighty-four. We still notice that residents improve more swiftly in all respects than day children, but, at the same time, a good work is also done for those children whose parents or doctor prefer them to reside in Derby. Their progress is often surprising and may be due in some cases to increased physical activity. We are learning all the time, and this year we have come to some interesting conclusions with regard to P.E. for our children.

"Some of our children are thoroughly puny or ill and some have one serious physical defect which renders them physically inefficient in one respect only. It is obvious that a variety of approaches, indeed almost individual approach, is necessary in P.E. The child with organic disease can only be exercised with great wariness—but even he needs some exercise for sake of his physical happiness.

"The child with one physical defect may be capable of great athletic prowess in all feats where the defective member can be passive or play a limited part.

"The thoroughly puny child needs food and rest and security first, and its exercise tolerance builds up with its strength to normal, or very nearly.

"One factor we found in common with nearly all these children is poor muscular development—soft arms and legs and stomach muscles.

"That delightful hardness of limb found in the six year old after a year of school is missing in many of our children of all ages upon arrival. We have found that in many cases they can acquire this hardness. They do not all take kindly to exercise at first. Often the emphasis of all their previous life has been upon illness. They are inclined to look with alarm upon such natural symptoms as 'stitch' or the ache of muscles exercised for the first time, or natural breathlessness after exertion. They have to learn that healthy children feel these things and get over them without medical aid.

"One day child of over ten years insisted on her mother wheeling her to the bus in a pram after such unaccustomed exercise and we had to tell the mother we *wanted* her to have the exercise of walking to the bus.

"Leg muscles improve naturally with running and walking exercise and we do some limited cross-country running for this purpose. Arm and shoulder and stomach muscles need particular strengthening exercises done in free standing positions or with apparatus.

"Fixed apparatus is more necessary for puny children than for others because their bodies are less capable than normal of holding a static pose with one set of muscles whilst another set exercises. We hope very much to have wall bars for these purposes. We like our older boys to leave with good shoulder and chest development and our girls with the neatly-knit body and springy step which comes from good muscle control. We have found that this can be done even with some asthmatics.

"Our P.E. teacher has the pleasure of seeing children's delight on first experiencing the exhilaration of vigorous athletic activity. We are still also fortunate in having the services and advice of Mr. Somerville three times weekly.

"We are grateful to Dr. Grace for showing us the way with chesty children and with asthmatics in particular.

"Breathing exercises are a vital part of our work. The asthmatic learns to use breath control instead of tablets, inhalants and injections to ward off attacks. He also has to learn a habit of mind. Asthma and the thought of asthma can overwhelm a child's whole life and make it fit for nothing but hanging over radiators and sitting listening to wireless or watching television. The asthmatic has to be taught to live a normal life—to join in every possible activity (at his own pace) and to relegate the thought of asthma to the background. Asthmatics are often very intelligent, and once they can be taught to work hard in class the glory they attain is sufficient to keep them well at school! They are often good at games and running too, under good emotional conditions. We are very proud of two of our asthmatics, both clever. The boy who used to haunt the medical room has now been trained in breath

control and in keeping his mind and body active, and rarely needs medical aid except in the holidays where conditions are insecure. All his evenings and week-ends are happy and active.

"The girl had got herself into a state of palpitation and lassitude and was put to bed. After some weeks of this, when her appetite and spirits had both sunk to zero, doctor advised that she should be got up and put into the hands of the teachers and plunged into plenty of light activity. She rather resented this at first, but finding everyone equally determined to keep her busy she at last began to co-operate. Her class work became good. She regained her sense of humour and her power of leadership. She became busy and co-operative in all activities. She discovered a keen games sense and athletic skill, and finally won a short cross-country competition without distress of any kind. She is still an undoubted asthmatic, but is now an active and charming girl first, and an asthmatic second.

"Scouts, Guides, Cubs and Brownies still flourish, and in the two former activities we have the inestimable benefit of outside help and fresh faces coming in once a week. Our Young Farmers' Club holds its interest and will take part in a television programme in May, 1960.

"We are well staffed on the house side, but are, like every school in England, a little short of teachers this year.

"Normality is our aim—in health, in education and in character. Except in cases of organic disease or where there is unhappiness, it is almost inevitable for a well fed child to increase in height and weight."

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

There are no centres for Higher Education or Vocational Training in Derby. Suitable cases requiring such training are sent to recognised institutions elsewhere.

TEACHING IN HOSPITALS.

The following report has been received from Miss M. Turner, who is in the service of the Local Education Authority, and who undertakes the teaching of children of school age in the local hospitals :—

"119 Borough school children have received individual tuition during 1959 as follows :—

			<i>City Hospital.</i>	<i>Children's Hospital.</i>	<i>Derwent Hospital.</i>
Number of Children	..	..	62	55	2
Average period of tuition	..	..	2 weeks.	2 weeks.	11 weeks.
Average age	..	..	9 yrs. 10 mths.	9 yrs. 8 mths.	13 yrs. 6 mths.
Age range	..	..	5—14 years.	5—14 years.	13—14 years.
Period range	..	..	1—7 weeks.	1—9 weeks.	5—17 weeks.

"Though Arithmetic, Algebra, Geometry, French, Reading and Writing are usually taught individually, ward or group lessons are given wherever circumstances permit in Scripture, Singing, History, Geography, Nature Study and Handwork. Use is also made of television lessons, on which children usually work written exercises."

NURSERY SCHOOLS.

The three Nursery Schools (Central, Allenton and College) continue to function successfully on the lines indicated in previous reports. The children are visited regularly by the School Nurse and at frequent intervals by the Medical Officer. Every child is medically examined at least once per year and treatment inaugurated for any defects.

The number of children examined at the various schools was :—

<i>School.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Central	35	33	68
Allenton	13	23	36
College	30	21	51
Totals	78	77	155

EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 401 children were examined as to their fitness to undertake employment. All were certified fit.

THE WORK OF THE SCHOOL NURSES.

Six nurses are engaged entirely on the work of the School Health Services, two of them part-time. In addition, two nurses are employed on half-time Health and half-time School Health Services.

Home visits	373
School visits	154

Visits to Nursery Schools.

Number of visits paid	326
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Clinics.

Minor Ailments and Specialist Clinics	Sessions. 1,464
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VERMINOUS CONDITIONS.

Routine Inspections of all children for the ascertainment of uncleanness are carried out in schools twice a year by the Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infested at previous inspections are made. All children who are found to be infested with lice or who appear to be seriously infested with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those children who require cleansing are immediately served with a notice requiring them to present the children at the cleansing centre. Children found at subsequent inspections to be re-infested are again required to attend for cleansing, and the parents are warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in

8 such cases in 1959. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's head and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Number of individual children cleansed	204
Number of sessions devoted to School Inspections	480

CHILDREN'S COMMITTEE WORK.

Special examinations of children committed to the care of the Local Authority are carried out by the medical staff of the School Health Service, and routine visits to the various Children's Homes are made monthly, and to the Remand Home once a week.

The following examinations were carried out during the year :—

Initial and routine examinations of Boarded-out children ...	78
Children for adoption	12
Examinations carried out at Children's Homes	72
Children for Approved Schools or Remand Homes (including examinations carried out at Remand Homes)	290
Other examinations	20

MISCELLANEOUS WORK.

Medical examinations were also made as follows :—

Teachers	30
Before proceeding to Skegness Seaside Home	351
Before taking part in entertainments	6
Before taking part in School Journeys, Athletics, etc. ...	345
Before proceeding to School Camps	253
Intending Teachers	66

MASS RADIOGRAPHY OF SCHOOL CHILDREN.

Report by Dr. W. Guthrie, Director of Nottingham Area No. 2 Mass Radiography Unit, on the Mass Radiography Survey of school children, July, 1959.

Miniature Films.

	<i>Number X-rayed.</i>			<i>Number available.</i>			<i>% X-rayed.</i>		
	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
School leavers ...	738 (776)	822 (754)	1,560 (1,530)	1,083	1,102	2,185	68 (63)	74 (70)	71 (66)

The figures in brackets show the numbers and percentages of children who had been previously X-rayed by the Mass Radiography Unit.

The total number of children of school leaving age X-rayed was 1,560, compared with 1,530 in 1958.

"No case of Pulmonary Tuberculosis was discovered among the scholars and only one scholar was referred to the Chest Physician. He was a non-tuberculous condition with a small chest lesion of apparently little significance."

APPENDIX

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1960 21,724

**PART I.—MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED AND ASSISTED PRIMARY AND
SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS).**

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth). (1)	No. of Pupils Inspected. (2)	PHYSICAL CONDITION OF PUPILS INSPECTED.			
		SATISFACTORY.		UNSATISFACTORY.	
		No.	% of Col. 2.	No.	% of Col. 2.
		(3)	(4)	(5)	(6)
1955 and later ..	418	416	99.52	2	.48
1954	1,125	1,125	100.00	—	—
1953	891	886	99.44	5	.56
1952	215	210	97.67	5	2.33
1951	89	81	91.01	8	8.99
1950	73	62	84.93	11	15.07
1949	942	934	99.15	8	.85
1948	1,137	1,130	99.38	7	.62
1947	393	384	97.71	9	2.29
1946	132	127	96.21	5	3.79
1945	1,085	1,080	99.54	5	.46
1944 and earlier ..	1,451	1,445	99.59	6	.41
TOTAL	7,951	7,880	99.11	71	.89

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT
AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth). (1)	For Defective Vision (excluding squint). (2)	For any of the other conditions recorded in Part II. (3)	Total individual Pupils. (4)
1955 and later ..	4	36	35
1954	22	123	118
1953	20	137	118
1952	7	20	22
1951	6	7	12
1950	10	4	13
1949	83	82	149
1948	133	112	220
1947	59	32	80
1946	17	16	27
1945	189	78	251
1944 and earlier ..	240	106	323
TOTAL	790	753	1,368

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections ..	1,559
Number of Re-inspections	9,528
TOTAL	<u>11,087</u>

TABLE D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	64,290
(b) Total number of individual pupils found to be infested	<u>761</u>
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	<u>204</u>
d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	<u>204</u>

PART II.—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A.—PERIODIC INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.							
		ENTRANTS.		LEAVERS.		OTHERS.		TOTAL.	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	19	24	18	19	117	101	154	144
5	Eyes—								
	a. Vision ..	22	59	189	88	579	318	790	465
	b. Squint ..	35	15	12	1	130	37	177	53
	c. Other.. ..	3	3	—	5	23	24	26	32
6	Ears—								
	a. Hearing ..	6	16	2	8	24	51	32	75
	b. Otitis Media..	5	15	3	1	23	38	31	54
	c. Other.. ..	4	1	4	10	18	45	26	56
7	Nose and Throat ..	36	118	5	14	131	297	172	429
8	Speech	20	122	4	2	52	152	76	276
9	Lymphatic Glands ..	3	30	1	2	14	70	18	102
10	Heart	—	25	1	9	6	48	7	82
11	Lungs	7	46	7	25	37	181	51	252
12	Developmental—								
	a. Hernia ..	1	9	—	—	4	15	5	24
	b. Other.. ..	1	29	1	3	13	90	15	122
13	Orthopaedic—								
	a. Posture ..	1	1	—	9	9	30	10	40
	b. Feet	11	29	6	13	55	74	72	116
	c. Other.. ..	20	84	12	25	75	218	107	327
14	Nervous System—								
	a. Epilepsy ..	1	3	2	—	11	8	14	11
	b. Other.. ..	—	1	1	3	5	25	6	29
15	Psychological—								
	a. Development	—	11	1	5	3	86	4	102
	b. Stability ..	2	12	1	5	12	44	15	61
16	Abdomen	—	2	2	3	4	19	6	24
17	Other	5	44	10	44	56	312	71	400

“T” Requires Treatment,

“O” Requires Observation.

TABLE B.—SPECIAL INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE.	SPECIAL INSPECTIONS.	
		Pupils requiring Treatment.	Pupils requiring Observation.
(1)	(2)	(3)	(4)
4	Skin	2,001	478
5	Eyes— <i>a.</i> Vision	1,246	922
	<i>b.</i> Squint	223	176
	<i>c.</i> Other.. .. .	319	106
6	Ears— <i>a.</i> Hearing	42	122
	<i>b.</i> Otitis Media	35	119
	<i>c.</i> Other.. .. .	139	123
7	Nose and Throat	317	817
8	Speech	129	244
9	Lymphatic Glands	39	193
10	Heart	6	140
11	Lungs	67	547
12	Developmental— <i>a.</i> Hernia	2	42
	<i>b.</i> Other	33	150
13	Orthopaedic — <i>a.</i> Posture	10	79
	<i>b.</i> Feet	119	210
	<i>c.</i> Other	189	557
14	Nervous System— <i>a.</i> Epilepsy	11	22
	<i>b.</i> Other	14	95
15	Psychological— <i>a.</i> Development	13	106
	<i>b.</i> Stability	36	114
16	Abdomen	13	45
17	Other	2,290	1,251

**PART III.—TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS).**

**TABLE A.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT.**

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	246
Errors of refraction (including squint)	1,475
Total	1,721
Number of pupils for whom spectacles were prescribed ..	1,317

**TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE
AND THROAT.**

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) for diseases of the ear	5
(b) for adenoids and chronic tonsillitis	84
(c) for other nose and throat conditions	—
Received other forms of treatment	193
Total	282
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959	5
(b) in previous years	14

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been dealt with.
(a) Pupils treated at clinics or out-patients departments ..	286
(b) Pupils treated at school for postural defects	4
Total	290

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D of Part I).

	Number of cases known to have been dealt with.
Ringworm—(a) Scalp	1
(b) Body	1
Scabies	2
Impetigo	57
Other skin diseases	1,842
Total	1,903

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been dealt with.
Pupils treated at Child Guidance Clinics	273

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been dealt with.
Pupils treated by speech therapists	118

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	2,077
(b) Pupils who received convalescent treatment under School Health Service arrangements.. .. .	18
(c) Pupils who received B.C.G. vaccination	186
Total	2,281

PART IV.

DENTAL INSPECTION AND TREATMENT.

(1)	Number of Pupils inspected by the Authority's Dental Officers :—							
	(a)	Periodic age groups	..	..	..	..	..	9,717
	(b)	Specials	..	..	..	..	..	3,026
	(c)	TOTAL (Periodic and Specials)		..	..	..	..	12,743
(2)	Number found to require treatment		..	..	..	..	..	9,054
(3)	Number offered treatment..		..	..	..	..	..	7,656
(4)	Number actually treated		..	..	..	..	..	6,343
(5)	Number of attendances made by Pupils for treatment, including those recorded at heading 11 (h) below							11,640
(6)	Half-days devoted to :		Inspection	..	..	..	..	75
			Treatment	..	..	..	..	1,292
	Total (6)		..	..	..	..	..	1,367
(7)	Fillings :		Permanent Teeth	..	..	..	..	6,518
			Temporary Teeth	..	..	..	..	36
	Total (7)		..	..	..	..	..	6,554
(8)	Number of teeth filled :		Permanent Teeth	..	..	..	..	5,772
			Temporary Teeth	..	..	..	..	35
	Total (8)		..	..	..	..	..	5,807
(9)	Extractions :		Permanent Teeth	..	..	..	..	3,229
			Temporary Teeth	..	..	..	..	6,888
	Total (9)		..	..	..	..	..	10,117
(10)	Administration of general anæsthetics for extraction							4,900
(11)	Orthodontics :							
	(a)	Cases commenced during the year	..	..	..	..	..	89
	(b)	Cases carried forward from previous year	..	..	..	..	..	35
	(c)	Cases completed during the year	..	..	..	..	..	78
	(d)	Cases discontinued during the year	..	..	..	..	..	11
	(e)	Pupils treated with appliances	..	..	..	..	..	85
	(f)	Removable appliances fitted	..	..	..	..	..	91
	(g)	Fixed appliances fitted	..	..	..	..	..	—
	(h)	Total attendances	..	..	..	..	..	571
(12)	Number of Pupils supplied with artificial dentures		..	..	..	..	..	113
(13)	Other Operations :		Permanent Teeth	..	..	..	..	1,079
			Temporary Teeth	..	..	..	..	—
	Total (13)		..	..	..	..	..	1,079

V—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Vaccination against Smallpox during 1959.

Age at Date of Vaccination...	Under 1 year.		1 year.		2—4 years.		5—14 years.		15 years or over.		Total.	
	Dept	G.P's	Dept	G.P's	Dept	G.P's	Dept	G.P's	Dept	G.P's	Dept	G.P's
PRIMARY VACCINATIONS.												
<i>Result of Inspection.</i>												
Typical Primary Vaccinia— Seventh—Tenth Day ...	566	136	3	10	10	28	—	19	—	28	579	221
Accelerated (Vaccinoid) Re- action— Fifth—Seventh Day ...	—	1	—	—	—	—	—	—	—	—	—	1
Local Reaction without vesiculation ..	—	—	—	—	—	—	—	—	—	—	—	—
No Local Reaction ...	15	1	—	—	1	—	—	—	—	—	16	1
TOTALS ...	581	138	3	10	11	28	—	19	—	28	595	223
RE-VACCINATIONS.												
<i>Result of Inspection.</i>												
Typical Primary Vaccinia— Seventh—Tenth Day ...	—	—	—	—	—	—	—	—	—	4	—	4
Accelerated (Vaccinoid) Re- action— Fifth—Seventh Day ...	—	—	—	—	—	—	—	3	—	—	—	3
Local Reaction without vesiculation ..	—	—	—	—	—	—	—	5	—	6	—	11
No Local Reaction ...	—	—	—	—	—	—	—	—	—	2	—	2
TOTALS ...	—	—	—	—	—	—	—	8	—	12	—	20

The number of children under five years vaccinated against smallpox during the year was 771 as compared with 784 in 1958.

The percentage of infants under the age of one year who were vaccinated was 35.8%, compared with 30.5% in 1958.

Diphtheria, Whooping Cough and Tetanus Prophylaxis.

Triple, Combined or Single Antigens were used throughout the year.

Immunisation by the Department.

Number of sessions held	...	...	...	...	227
Average attendance	...	...	...	...	16

Diphtheria.—1,077 children under five years of age and 322 children between five and fourteen years of age were completely immunised against diphtheria. In addition, a further 191 were given reinforcing injections.

Whooping Cough.—1,073 children under five years and 130 children between five and fourteen years of age were completely immunised against whooping cough. In addition, 125 received reinforcing injections.

Tetanus.—1,082 children under five years and 850 children between five and fourteen years of age were completely immunised against tetanus and 9 were given reinforcing injections.

Comment.—It is noted that there is a slight drop in the figures of children immunised against Diphtheria and Whooping Cough in the year, but the figures for Tetanus show a slight increase. The reinforcing injections in particular have suffered, mainly at the expense of poliomyelitis vaccination, but this position is hoped to be remedied in the ensuing year.

Immunisation by Private Practitioners.

417 children under five and 5 children between five and fourteen were completely immunised against diphtheria. 49 children received reinforcing injections.

413 children under five and 5 children between five and fourteen were completely immunised against whooping cough. 33 children received reinforcing injections.

415 children under five and 6 children between five and fourteen were completely immunised against tetanus and 3 received reinforcing injections.

Diphtheria Immunisation Table.

Age on 31/12/1959 (i.e. born in year)	Under 1 1959	1—4 1955—1958	5—9 1950—1954	10—14 1945—1949	Under 15 TOTAL
A. Number of children whose last course (primary or booster) was completed in the period 1955—1959 ..	435	4,529	3,658	3,252	11,874
B. Number of children whose last course (primary or booster) was completed in the period 1952 or earlier..	—	—	2,209	7,364	9,573
C. Estimated mid-year Child Population	2,030	7,370	19,900		29,300
1959 IMMUNITY INDEX. 100 A/C ..	21.4%	61.4%	34.7%		40.5%
1958 IMMUNITY INDEX ..	22.5%	87.7%	31.9%		45.2%

B.C.G. Vaccination against Tuberculosis.

In view of the heavy demands made by poliomyelitis vaccination, the B.C.G. Vaccination programme was curtailed to a certain extent and the figures for the year show a slight drop on those of 1958, and are as follows :—

<i>No. of Children given Heaf Test.</i>	<i>Tuberculin Positive.</i>	<i>Tuberculin Negative.</i>	<i>Vaccinated with B.C.G.</i>
205	19	186	186

Vaccination against Poliomyelitis.

(A) VACCINATION CARRIED OUT BY DEPARTMENT.

Children aged 6 months to 15 years, completely vaccinated ...	5,245
Adults aged 16 years to 25 years, completely vaccinated ...	6,288
Expectant Mothers, completely vaccinated	188
Reinforcing injections given	9,333
	<u>21,054</u>

(B) VACCINATION CARRIED OUT BY PRIVATE PRACTITIONERS.

Children aged 6 months to 15 years, completely vaccinated ...	1,162
Adults aged 16 years to 25 years, completely vaccinated ...	1,113
Expectant Mothers, completely vaccinated	93
Reinforcing injections given	550
	<u>2,918</u>

(C) VACCINATION CARRIED OUT BY HOSPITALS FOR THEIR STAFF.

Adults of all ages	906
Reinforcing injections given	390
	<u>1,296</u>

During the year, 14,995 persons were completely vaccinated, compared with 12,072 in the previous year. In addition, 10,273 persons received a third (reinforcing) injection, compared with 842 in 1958.

That so much extra work should have been achieved with the addition of only one clerk to the clerical staff should be a source of satisfaction to all concerned. The additional help enabled a more organised attempt to be made on the work and, in spite of the greatly increased amount of work, it all proceeded very smoothly throughout the year.

Cases of Infectious Disease Notified during 1959

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.													TOTAL CASES NOTIFIED IN EACH WARD												Total Cases removed to Isolation Hospitals					
	At all ages	At Ages—Years.												Abbey.	Alveston.	Arboretum.	Babington.	Becket.	Bridge.	Castle.	Dale.	Derwent.	Friar Gate.	King's Mead.	Litchurch.		Normanton.	Osmaston.	Pear Tree.	Rowditch.	Non-Residents.
		Under 1.	1	2	3	4	5	10	15	25	45	65	Unknown																		
Scarlet Fever ..	247	5	18	23	36	118	42	3	1	1	..	..	20	22	18	5	5	7	5	9	20	33	7	11	19	32	23	11	..	9
Whooping Cough ..	59	5	3	11	2	9	28	1	..	..	..	..	1	20	4	1	1	..	1	1	4	9	1	1	1	13	..	1	..	4
Diphtheria (including Membraneous Group) ..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Measles ..	1501	64	178	226	231	235	551	12	3	1	..	..	..	73	64	46	30	95	69	72	51	539	32	81	63	56	108	100	..	7
Acute Pneumonia ..	49	..	2	2	..	2	1	5	3	10	16	8	..	4	4	1	1	4	..	1	9	6	4	2	2	2	2	3	..	1	
Meningococcal Infection ..	2	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Acute Poliomyelitis—Paralytic ..	2	..	..	..	..	..	..	1	1	1	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2
Non-paralytic ..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Acute Encephalitis—Infective ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Post-infectious ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery ..	4	..	..	..	..	..	..	1	2	1	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	1	..	1	..	2
Ophthalmia Neonatorum ..	2	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia ..	31	..	..	..	..	..	..	21	10	..	..	..	1	..	3	..	2	1	2	1	1	1	1	1	..	1	2	2	14	..
Smallpox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Para-typhoid Fevers ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever ..	..	..	..	..	..	..	..	..	..	..	..	6	..	..	1	1	..	2	..	..	..	1	1	..	1	2	..	3	..	6
Erysipelas ..	12	..	..	..	..	..	..	..	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria ..	61	1	1	..	..	..	3	5	10	30	11	..	..	1	1	4	5	3	4	3	5	12	2	7	3	3	3	4	..	98
Respiratory Tuberculosis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Non-Respiratory ..	7	..	..	..	..	..	..	1	5	1	..	..	..	..	..	..	..	1	1	..	1	1	1	2	..	..	1	..	..	3
Tuberculosis ..	3	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..	2
Food Poisoning ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
*Rubella ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
*Chicken Pox ..	51	1	2	1	7	14	26	..	..	..	..	..	19	..	..	..	..	..	..	..	..	2	..	8	..	16	..	6	..	..
TOTALS ..	2033	75	190	259	263	296	728	67	44	62	34	15	..	67	124	95	63	39	115	82	88	93	605	48	114	90	126	138	131	15	136

*—Not compulsorily notifiable.

COMMUNICABLE DISEASES.**Scarlet Fever.**

247 cases were notified. This is an increase on the figure in 1958, when 167 cases were notified.

Whooping Cough.

59 cases were notified. This figure shows a decrease of 19 on last year's total and consequently is the lowest number notified in the last 14 years.

Diphtheria.

One case was notified. This is the first case since 1954.

Measles.

1,501 cases were notified. This is a decrease of 470 on the figures for 1958.

Acute Pneumonia.

49 cases were notified, compared with 68 in 1958. About half of the cases were adults over the age of 45.

Meningococcal Meningitis.

Two cases were notified, the same number as in 1958.

Ophthalmia Neonatorum.

Two cases were notified, compared with three in 1958.

Erysipelas.

Twelve cases were notified, compared with nine in 1958.

Acute Poliomyelitis.

Three cases were notified, two of which were paralytic cases.

Malaria.

No cases were notified, as against two in 1958.

Dysentery.

Four cases were notified, compared with 69 in 1958.

The total number of notifiable diseases reported in the Borough during 1959 was 2,033, which shows a welcome decrease of 487 on the figures for 1958.

Poliomyelitis Vaccination.

The scheme of vaccination against poliomyelitis, begun in 1956, continued at a much increased rate during 1959. Under Ministry of Health Circular 20/58, the vaccination scheme was extended to include all young persons born in the years 1933 to 1942, to all hospital staffs coming into contact with patients and to the families of such staffs. In addition, provision was made for a third injection to be given to all persons who had received the primary course of two injections. At the beginning of the year, registration forms were sent out to all schools, offering vaccination to all school children who were then eligible and who had not been previously vaccinated. To meet the very favourable response many special sessions were held at schools during the course of the year. In April, 1959, it was decided to conduct a campaign to endeavour to reach as many young people as possible in the 15—25 year age group, as this is an age group which is normally difficult to round-up for such a purpose.

The campaign was conducted on the following lines. Propaganda material in the form of a large number of posters was exhibited in all prominent places, shops, cinemas, factories, etc., throughout the Borough. The local press also co-operated by publishing a short news item giving the facts about poliomyelitis and the need for protection against this crippling disease by vaccination. Circulars were also sent out to industrial premises, business houses and large stores throughout the Borough, offering facilities for the vaccination of eligible staffs either at the firms' premises or through existing clinic sessions. Many offices and stores in the Borough allowed their staffs to attend the sessions held in the Council House during working hours and, in addition, the staffs of almost thirty of the large firms had received two injections by the end of the year. These injections were given by a Medical Officer of the Health Department, who visited each factory twice to give the primary course of two injections. This scheme was found to be an extremely popular feature with both management and staff alike, and achieved a great success.

Arrangements could also be made by all eligible persons for the injections to be given by their own general practitioner, and vaccine was supplied to practitioners on request. The part played by general practitioners in the scheme has also increased during the year. The larger number of single-dose ampoules of vaccine now available helped the practitioners who had previously found it difficult to gather nine or ten people together at the same time to avoid wastage of vaccine.

Diphtheria Immunisation.

For the first time after four consecutive years in which no case of diphtheria occurred in the Borough, a case of faucial diphtheria was reported. This was a schoolboy aged seven years who was admitted to the Derwent Isolation Hospital on December 19th, 1959. As the clinical appearances strongly suggested a severe case of diphtheria, and, as the boy had attended school only a few days previously, arrangements were immediately made to examine all contacts and to take nasal and throat swabs for bacteriological examination.

This investigation was rendered more difficult by the fact that the schools had already closed for the Christmas vacation, but with the assistance of the health visitors all the pupils in the same class as the boy, together with all family and other close contacts, had been visited and swabs taken for examination within forty-eight hours. Fortunately all contacts proved to be negative on bacterial examination and no further cases occurred. The original case was subsequently confirmed as a faucial diphtheria of the mitis variety, the patient making a good recovery and being discharged from hospital on January 27th, 1960. It is of interest in this connection to note that this boy had only been partially immunised against diphtheria in that he had only received one injection of diphtheria antigen several years previously.

The fact that only one case of diphtheria has occurred in the Borough during the past five years must not be allowed to make parents apathetic towards immunisation. The onerous work of persuading parents to accept the benefits of immunisation for their children falls on the health visitors, as it is well recognised that their personal influence must be the biggest single factor in achieving a high level of immunity against any disease in the pre-school child.

Outbreak of Diarrhoea and Vomiting in an Old Persons' Home.

On the 23rd September, 1959, a case of Salmonella infection was notified by the medical officer in charge of an old persons' home as having occurred in one of the residents, an elderly lady aged 81 years. Further specimens on bacteriological examination confirmed the diagnosis of Salmonella Bareilly infection. Further investigation showed that a number of the residents had suffered attacks of diarrhoea and vomiting over a period of six weeks, mainly of a mild nature and lasting only for two to three days. Three of the residents, however, and one of the domestic staff appeared to have a more severe attack and were still suffering from diarrhoea and vomiting when the home was visited. The elderly lady was placed in isolation and given a course of antibiotic treatment. Specimens of faeces taken from all residents and staff on two consecutive occasions, however, proved to be negative, and no further cases were reported four weeks after the original case had been reported. The elderly lady remained positive despite repeated courses of antibiotic treatment, but gradually she became symptom free and made an uneventful recovery, although she remains in the carrier state.

Outbreak of Epidemic Vomiting in an Infant School.

On the 19th January, 1959, it was reported by a school nurse that several children had been absent from this school the previous week with vomiting attacks.

On the 20th January, 1959, the school was visited. The Headmistress stated that on 14th January, 1959, eleven children were absent from school (all were in the same class). Two days later several of these children returned to school and stated that they had had vomiting attacks.

On further investigation it was found that six more children had been absent on various dates since 9th January, 1959, all with a similar complaint. On 21st January, 1959, only two children were absent, the remainder having all recovered.

Characteristics.—Sudden vomiting attacks, children usually ill for 24 hours, but recovery was rapid. A number had diarrhoea in addition to vomiting. The onset was usually at home, but a number became ill at school.

Conclusions.—This outbreak was typical of the outbreaks of “Epidemic Vomiting” which occurred in another infant school and which was described fully in the Annual Report for 1958.

Measures taken to abate the epidemic.

- (1) All sick children must be excluded from school immediately.
- (2) Re-admit only when recovery is complete.
- (3) Disinfect lavatory and toilet, wash-hand basins, etc., after use by an ill child, and at frequent intervals during the day.
- (4) Frequent changes of the common roller towels.
- (5) Early reporting of all absences of sick children to the Health Department.

Cancer.

The recorded deaths from various types of malignant disease shows a decrease in number as compared with 1958, viz., 263 (282).

The Table shows the deaths by age distribution :—

Age	Under 25 years.		25—34 years.		35—44 years.		45—54 years.		55—64 years.		65—74 years.		75 years and upwards.		All Ages.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
Site.																	
Stomach	-	-	-	-	1	1	1	1	6	2	5	4	7	7	20	15	35
Lungs & Bronchus	-	-	-	-	2	-	6	2	23	2	14	3	5	2	50	9	59
Breast	-	-	-	-	1	3	-	2	-	6	1	3	-	4	2	18	20
Uterus	-	-	-	-	-	2	-	-	-	4	-	3	-	4	-	13	13
Leukaemia and Aleukaemia ..	-	1	-	-	-	-	-	-	2	1	-	1	1	-	3	3	6
All Others	-	1	-	1	1	3	8	9	18	11	24	19	11	24	62	68	130
TOTALS	-	2	-	1	5	9	15	14	49	26	44	33	24	41	137	126	263

DERWENT HOSPITAL.

Detailed Analysis of Admissions and Discharges during 1959 (Borough only).

<i>Disease.</i>	<i>Remaining 31/12/58.</i>	<i>Admitted.</i>	<i>Discharged.</i>	<i>Died</i>	<i>Remaining 31/12/59.</i>
Scarlet Fever	2	9	11	—	—
Poliomyelitis :—					
Paralytic	1	2	2	—	1
Non-paralytic	—	1	1	—	—
Chicken Pox	—	6	5	—	1
Erysipelas	—	8	8	—	—
Whooping Cough	—	2	2	—	—
Gastro-Enteritis	2	4	6	—	—
Dysentery	2	3	4	—	1
Pneumonia	—	4	4	—	—
Measles	2	8	10	—	—
Scabies	—	1	1	—	—
Meningitis	—	2	1	1	—
Bronchitis	—	1	1	—	—
Salmonella Infection	—	1	1	—	—
Tonsillitis	—	2	2	—	—
Cellulitis	—	5	5	—	—
Herpes Oph.	—	1	1	—	—
Impetigo	—	1	1	—	—
Diphtheria	—	1	—	—	1
Herpes Zoster	1	—	1	—	—
Various	1	45	39	—	7
TOTAL ALL DISEASES ..	11	107	106	1	11

VENEREAL DISEASES.

FORM V.D. (R).

RETURN relating to all persons who were treated at the Treatment Centre at Royal Infirmary, Derby, during the year ended 31st December, 1959.

		Totals.	Males.	Females.
SYPHILIS.	1 Patients under treatment or observation on January 1st	150	81	69
	2 Patients removed from the Register in previous years who returned during the year for treatment or observation of the same condition..	14	4	10
	3 Patients transferred from other centres after diagnosis	1	1	—
	4 Patients dealt with for the first time (excluding 2 and 3) suffering from:— Syphilis, primary " secondary " latent in the 1st year of infection " cardio-vascular " of the nervous system All other late or latent stages Syphilis, congenital:— Aged under 1 year Aged 1 but under 5 Aged 5 but under 15 Aged 15 and over	— — — 3 3 7 — — — 1	— — — 1 1 1 — — — 1	— — — 2 2 6 — — — —
	TOTAL Item 4	14	4	10
	5 Patients completing treatment and/or observation..	39	21	18
	6 Patients transferred elsewhere	5	1	4
	7 Patients not completing treatment and/or observation	8	4	4
	8 Patients under treatment or observation on December 31st (should equal Items 1 to 4 less Items 5 to 7)	127	64	63
	9 Patients under treatment or observation on January 1st	72	59	13
GONORRHOEA.	10 Patients removed from the Register in previous years who returned during the year for treatment or observation of the same condition ..	—	—	—
	11 Patients transferred from other centres after diagnosis	6	5	1
	12 Patients dealt with for the first time (excluding Items 10 and 11)	262	219	43
	13 Patients completing treatment and/or observation..	155	138	17
	14 Patients transferred elsewhere	20	13	7
	15 Patients not completing treatment and/or observation	45	35	8
	16 Patients under treatment or observation on December 31st (should equal Items 9 to 12, less Items 13 to 15)	122	97	25

FORM V.D. (R).—*continued.*

OTHER CONDITIONS.			<i>Totals.</i>	<i>Males.</i>	<i>Females.</i>
	17	Patients under treatment or observation on January 1st	98	70	28
	18	Patients removed from the Register in previous years who returned during the year for treatment or observation of the same condition	3	2	1
	19	Patients transferred from other centres after observation	4	3	1
	20	Patients dealt with for the first time (excluding Items 18 and 19) suffering from :—			
		Chancroid	—	—	—
		Lymphogranuloma Venereum	—	—	—
		Granuloma Inguinale	—	—	—
		Non-Gonococcal Urethritis	108	108	—
		Yaws	1	—	1
		Any other conditions requiring treatment ..	181	122	59
		Conditions not requiring treatment ..	260	121	139
		Undiagnosed conditions	—	—	—
		TOTAL Item 20	550	351	199
	21	Patients completing treatment and /or observation ..	507	334	173
	22	Patients transferred elsewhere	29	10	19
	23	Patients not completing treatment and/or observation	10	8	2
	24	Patients under treatment or observation on December 31st (should equal Items 17 to 20, less Items 21 to 23)	109	74	35

ATTENDANCES BY PATIENTS—						<i>Totals.</i>	<i>Males.</i>	<i>Females.</i>
At which patients saw Physician :—								
Syphilis	..	..	..	..	..	1,548	692	856
Gonorrhœa	..	..	..	..	..	1,242	1,053	189
Other Conditions	..	..	..	..	..	1,868	1,382	486
Totals	..	..	..	..	..	4,658	3,127	1,531
At which patients did not see Physician :—								
Syphilis	..	..	..	..	..	59	9	50
Gonorrhœa	..	..	..	..	..	43	37	6
Other Conditions	..	..	..	..	..	521	423	98
Totals	..	..	..	..	..	623	469	154
CONTACTS ATTENDING FOR EXAMINATION REFERRED BY PATIENTS SUFFERING FROM								
Syphilis	..	..	..	..	..	4	2	2
Gonorrhœa	..	..	..	..	..	28	2	26
Non-Gonococcal Urethritis	..	..	..	..	..	5	—	5
Other Conditions	..	..	..	..	..	6	1	5
Totals	..	..	..	..	..	43	5	38
PATHOLOGICAL WORK—								
NUMBER OF SPECIMENS EXAMINED—						<i>By the Physician at the Centre.</i>	<i>Sent to a Pathological Centre.</i>	
Microscopical : For Syphilis	..	..	..	..	..	4	—	
„ Others	..	..	..	..	..	1,678	120	
Cultural	..	..	..	..	..	—	119	
Serum : For Syphilis	..	..	..	..	..	—	1,288	
„ Others	..	..	..	..	..	—	114	
Cerebro-Spinal Fluid (Number of diag- nostic lumbar punctures)	..	..	..	..	..	—	1	

FORM V.D. (R).—*continued.*

SERVICES RENDERED AT THE TREATMENT CENTRE DURING THE YEAR—
showing the Areas in which Patients dealt with for the first time resided.

<i>County, County Borough (England & Wales) & others.</i>	<i>Syphilis Item 4.</i>	<i>Gonorrhœa Item 12.</i>	<i>Other Conditions Item 20.</i>	<i>Totals.</i>
Derby Borough	9	213	283	505
Derby County	4	45	240	289
All Others	1	4	27	32
Totals (to agree with Items 4, 12 and 20)	14	262	550	826

(Signed) H. R. MORGAN RICHARDS,

Physician in charge of Treatment Centre.

VI.—TUBERCULOSIS.

Report by Dr. H. G. Grace, Consultant Chest Physician.

Incidence.

The number of new cases of respiratory tuberculosis (61) notified during 1959 is the lowest ever recorded for Derby in one year, and is less than half the number notified in 1955. The decline in the incidence of respiratory tuberculosis has been, as was to be expected, much slower and less dramatic than the fall in the death rate during the last ten years, but modern preventive medicine now seems to be producing the results which have been worked for for so many years. It would be premature to claim that tuberculosis has ceased to be a significant social problem or that this is likely in the very near future, but it is reasonable to expect that the successful work of the past few years will be followed, ultimately, by complete control of the disease.

Of the 61 new cases of respiratory tuberculosis notified in 1959, five were "picked up" by the Nottingham mobile Mass Radiography Unit, eight were coloured immigrants, and six were found to be tuberculous when examined at the chest clinics as contacts of known cases of tuberculosis.

Mortality.

The small number of deaths during 1959 from respiratory tuberculosis (nine males and one female) calls for little comment, although it is worth noting that only one of the deaths was under the age of 45 and that five were over 55 years of age. There were no deaths from non-respiratory tuberculosis.

Prevention.

The first visit to homes of newly notified cases of tuberculosis is made by a health visitor from the Chest Clinic as soon as possible after notification and the patient is advised *re* precautions which must be taken to avert the spread of infection. The health visitor also arranges for contacts to attend a special contacts session at the Chest Clinic, and she urges the acceptance of B.C.G. vaccination for younger members of the infected household and others in close contact. An explanatory leaflet regarding B.C.G. vaccination is also left at the house. Subsequent routine visiting of the family is made by the same health visitor to ensure that medical advice is being followed and proper precautions taken.

Contacts are asked to attend the Chest Clinic for examination by appointment, and the following is a summary of such work done during the past six years ;—

YEAR.	<i>No. of New Cases of Tuberculosis notified.</i>	<i>No. of New Contacts examined.</i>	<i>Total Contact Attendances.</i>	<i>No. of Contacts found to be tuberculous.</i>
1954	166	462	1,182	32
1955	129	450	1,109	25
1956	87	447	1,052	8
1957	102	392	953	9
1958	87	334	907	5
1959	68	408	1,069	6

B.C.G. Vaccination.

Contacts vaccinated at Derby Chest Clinic during 1959 under

Local Health Authority's approved Scheme	...	...	129
New-born infants vaccinated in maternity hospitals	...	...	40
Total	...	...	169

(NOTE.—Of the 408 new contacts examined during 1959, 165 were children.)

It is the practice in Derby to arrange regular re-examination for all home contacts of infective cases of tuberculosis and these are continued for varying periods, according to circumstances, after the last exposure to infection. In certain cases, Chest Clinic supervision has been prolonged for one to two years after contact has ceased. The same rule is observed in households where death from tuberculosis has occurred without prior notification of the disease.

Rehabilitation.

Suitable employment and conditions for tuberculous patients returning to work are very carefully selected, and, in this connection, the chest service is indebted to the medical officers of the larger industrial undertakings in Derby for the interest they have shown and the assistance they have given. All patients who have recently returned to work are, of course, kept under close supervision at the Chest Clinic.

Care and After-Care.

The excellent co-ordination which has been established in Derby between the Chest Clinic and the Medical Officer of Health's Department was fully maintained during 1959, and co-operation between those concerned with the care and after-care of tuberculous patients has been notably successful. Details of assistance given to patients under this head appear in the Almoner's section of this Report.

Health Visiting.

During the year, 1,555 visits were made to patients' homes by the two tuberculosis health visitors.

Register of Notifications.

	RESPIRATORY.			NON-RESPIRATORY.			TOTAL CASES.
	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
Number of cases of Tuberculosis remaining at 31/12/58 on the Register of Notifications kept by the Medical Officer of Health	553	359	912	73	90	163	1075
Number of cases removed from the Register during the year by reason of —							
1. Withdrawal of notification ...	2	1	3	—	—	—	3
2. Recovery from the disease ...	25	21	46	—	—	—	46
3. Death (all causes)	15	6	21	—	—	—	21
4. Otherwise	30	29	59	2	—	—	61

Tuberculosis Notifications and Deaths, 1959.

AGE AND SEX INCIDENCE.

Age Periods.	New Cases.*				Deaths.			
	Respiratory.		Non-respiratory.		Respiratory.		Non-respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1 years ...	1	—	—	—	—	—	—	—
1— 2 „ ...	—	—	—	—	—	—	—	—
2— 5 „ ...	—	1	—	—	—	—	—	—
5—10 „ ...	—	3	—	—	—	—	—	—
10—15 „ ...	3	2	—	—	—	—	—	—
15—20 „ ...	3	4	—	1	—	—	—	—
20—25 „ ...	4	1	—	—	—	—	—	—
25—35 „ ...	12	5	4	—	1	—	—	—
35—45 „ ...	9	3	—	1	—	—	—	—
45—55 „ ...	3	1	—	1	3	1	—	—
55—65 „ ...	3	3	—	—	4	—	—	—
65—75 „ ...	—	—	—	—	1	—	—	—
75 and upwards	—	—	—	—	—	—	—	—
Totals ...	38	23	4	3	9	1	—	—

* *New Cases.*—Cases transferred to Derby during 1959 from other areas are not included.

New Cases and Deaths. Comparative Table for Years 1952—1959.

YEAR.	RESPIRATORY TUBERCULOSIS.		NON-RESPIRATORY TUBERCULOSIS.	
	<i>*New Cases.</i>	<i>Deaths.</i>	<i>*New Cases.</i>	<i>Deaths.</i>
1952	136	25	14	4
1953	124	21	17	2
1954	150	24	16	1
1955	125	22	4	2
1956	74	13	13	1
1957	84	10	18	2
1958	75	9	12	—
1959	61	10	7	—

** Transfers from other areas (excluding Reg. Genl. Transferable Deaths) not included.*

Form T. 137 (Revised)

1959.

Public Health (Tuberculosis) Regulations, 1952.**PART I.**

Summary of notifications of tuberculosis during the period from the 1st January, 1959, to the 31st December, 1959, in the County Borough of Derby.

AGE PERIODS.....	FORMAL NOTIFICATIONS.													
	Number of Primary Notifications of New Cases of Tuberculosis.													
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total (all ages).
Respiratory, Males ...	1	—	—	—	3	3	4	12	9	3	3	—	—	38
Respiratory, Females...	—	—	1	3	2	4	1	5	3	1	3	—	—	23
Non-Respiratory, Males ...	—	—	—	—	—	—	—	4	—	—	—	—	—	4
Non-Respiratory, Females ...	—	—	—	—	—	1	—	—	1	1	—	—	—	3

PART II.

New cases of tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

SOURCE OF INFORMATION.		NUMBER OF CASES IN AGE GROUPS.													TOTAL.
		0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
Death Returns from Local Registrars.	Respiratory	M	-	-	-	-	-	-	-	-	1	-	-	-	1 (A)
		F	-	-	-	-	-	-	-	-	-	-	-	-	- (B)
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	- (C)
		F	-	-	-	-	-	-	-	-	-	-	-	-	- (D)
Death Returns from Registrar-General (transferable deaths).	Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	- (A)
		F	-	-	-	-	-	-	-	-	-	-	-	-	- (B)
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	- (C)
		F	-	-	-	-	-	-	-	-	-	-	-	-	- (D)
Posthumous Notifications.	Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	- (A)
		F	-	-	-	-	-	-	-	-	-	-	-	-	- (B)
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	- (C)
		F	-	-	-	-	-	-	-	-	-	-	-	-	- (D)

TOTALS (A)	1
(B)	-
(C)	-
(D)	-

MASS RADIOGRAPHY IN DERBY

6th July to 11th September, 1959.

I am indebted to Dr. Guthrie, the Medical Director of Nottingham Area No. 2 Mass Radiography Unit, for sending me the following report :—

"I enclose the figures for the survey carried out by this Unit at Derby during the period 6th July to the 11th September, 1959.

"On this occasion nearly 10,000 examinees were x-rayed, all of whom came from Derby and district except 138 National Service recruits. Compared with last year there was an increase of about a thousand more from Derby, and this increase was due to a better response from the general public and was about equal in the case of both men and women.

"8,023 of the general public were x-rayed, and this was the highest number for any year excepting 1954, when 8,612 were x-rayed. It is interesting to note that only about 25% of the general public were x-rayed for the first time—about the same figure as last year.

"This year scholars of school leaving age and over only were x-rayed, and the response in this group was 71%, which was higher than last year, the response then being 66%. Just over 50% were x-rayed for the first time. No case of pulmonary tuberculosis was discovered among the scholars and only one scholar was referred to the Chest Physician. He was a non-tuberculous condition with a small chest lesion of apparently little significance.

"A few more cases than last year were referred by General Practitioners. Two cases from this group required further investigation—one an observation case of pulmonary tuberculosis and the other a non-tuberculous case.

"So far among the total x-rayed from Derby there were two active cases of pulmonary tuberculosis and seven observation cases discovered. This represents an incidence of .02% for active cases and .07% for observation cases, which in each instance is a very low incidence. All were referred to the Chest Physician. In the Tables are also shown the incidence of active pulmonary tuberculosis for the preceding years since 1951, where it will be seen that the incidence has become much lower since we began to operate at Derby.

"Three cases observation (non-tuberculous) and the case of pulmonary neoplasm had normal films previously, which illustrates the value of periodic x-ray of the chest."

Mass Radiography Survey at Derby.

6th July—11th September, 1959.

<i>Miniature Films.</i>	<i>Number x-rayed.</i>			<i>Number Available.</i>			<i>% x-rayed.</i>			<i>x-rayed first time.</i>	
	M.	F.	TOTAL.	M.	F.	TOTAL.	M.	F.	TOTAL.	No.	%
School Leavers ..	738	822	1560	1083	1102	2185	68%	74%	71%	884	56%
Wayfarers	17	—	17							11	64%
General Public ..	4091	3932	8023							1941	24%
Doctors' Cases ..	27	40	67							39	58%
Total for Derby ..	4873	4794	9667							2875	29%
National Service Recruits ..	138	—	138							73	52%
Grand Total ..	5011	4794	9805							2948	30%

<i>Large Films.</i>		<i>Nil or No Action.</i>	<i>Investigation.</i>	<i>Did not come for Large Film. Investigation.</i>	
School Leavers	M.	7	1	—	—
	F.	3	—	—	—
Wayfarers		—	1	—	—
Doctors' Cases	M.	—	1	—	—
	F.	2	1	—	—
General Public	M.	28	8	1	—
	F.	30	12	1	—
National Service Recruits ..	M.	—	—	—	—

Clinical Examinations.

<i>Clinical Examinations.</i>	<i>Number.</i>	<i>Remarks.</i>
Active Pulmonary Tuberculosis	M. 1 F. 1	Referred to Chest Physician.
Observation Pulmonary Tuberculosis ..	M. 1 F. 6	Referred to Chest Physician.
Inactive Pulmonary Tuberculosis ..	M. 2 F. 2	Two referred to Chest Physician. Two—no action required.
Observation (Non-Tb.)	M. 4 F. 2	Referred to Chest Physician. Three had normal films previously.
Pulmonary Neoplasm	M. 1	Referred to Chest Physician. Had normal film previously.
Pulmonary Fibrosis	M. 2	No action required.
Diaphragmatic Hernia	F. 1	Referred to own Doctor.
Nil on examination	F. 1	No action required.

Cases of Pulmonary Tuberculosis (Derby only).

<i>Year.</i>	<i>Number x-rayed.</i>	<i>Active.</i>		<i>Observation.</i>		<i>Total.</i>	
		<i>Number.</i>	<i>%</i>	<i>Number.</i>	<i>%</i>	<i>Number.</i>	<i>%</i>
1959	9667	2	.02%	7	.07%	9	.09%

Percentage of active cases for previous years after full investigation.

1958	1957	1956	1955	1954	1953	1952	1951
.07%	.04%	.08%	.06%	.09%	.11%	.1%	.11%

VII.—MENTAL HEALTH.

Administration.

(a) All the functions of the Local Authority and the Local Health Authority under the Lunacy and Mental Treatment Acts, 1890–1930, the Mental Deficiency Acts, 1913–1938, and Section 51 of the National Health Service Act, 1946, stand referred to the Health Services Sub-Committee, consisting of 12 members of the Health Committee, which meets monthly.

(b) Both Mental Welfare and Mental Deficiency are under the general supervision of the Medical Officer of Health.

The Medical Superintendent of the Kingsway Hospital and the Deputy Principal School Medical Officer are both approved by the Local Authority for the purpose of giving medical certificates under the Mental Deficiency Acts, 1913–1938 ; also Dr. K. O. Milner, Aston Hall Hospital, and Dr. A. Morrison.

The four duly authorised officers share the duties under both the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts.

The senior duly authorised officer was formerly a qualified relieving officer and the female duly authorised officer has had twenty years' experience in mental deficiency work and twelve years' experience as a duly authorised officer.

One male duly authorised officer was appointed on the 3rd July, 1959, upon gaining a Diploma in Political and Economic Studies at the Nottingham University.

One male duly authorised officer, who was appointed in December, 1959, is in possession of the Diploma in Social Studies of the London University.

The former senior duly authorised officer retired in August, 1959, after thirty years' service in welfare and mental health.

During the year the staff of the Occupation Centre was maintained at full establishment.

The qualified supervisor holds the Diploma of the Central Association for Mental Welfare, and, in addition, there are two female unqualified supervisors and a male unqualified supervisor, the latter taking the senior boys' class.

(c) The duly authorised officers supervise six cases on licence from Ridgeway Hospital, Stoke Park, Stallington Hall, St. Mary's Convent, Roehampton, and Rampton State Institution.

76 visits in connection with renewal of Orders under Section 11 and applications for holidays were made on behalf of 24 institutions.

(d) No duties are delegated to voluntary organisations.

Account of Work Undertaken in the Community.

(a) Under Section 28, National Health Service Act, 1946, Prevention, Care and After-Care :—

Prevention.

The duly authorised officers made 951 visits and dealt with 228 cases as follows :—

51 neurotic and confusion cases with domestic difficulties :—

Following visits to each case and contact with employers and other officials, improvement in domestic relations was eventually brought about in all cases.

8 males were found other employment.

5 females were found other employment.

35 persons were persuaded and taken to undergo out-patient treatment at Kingsway Mental Hospital.

5 males persuaded to attend rehabilitation centre.

2 females persuaded to attend rehabilitation centre.

4 males found lodgings.

5 females found lodgings.

109 patients are receiving regular visits for observation.

7 males persuaded to attend general practitioner for treatment and domestic problems solved.

14 females persuaded to attend general practitioner.

10 males persuaded to attend general practitioner.

12 cases investigated proved to be caused mainly by neighbours' quarrels. Differences adjusted in many cases.

11 cases—arrangements were made for elderly, mildly confused patients to be admitted to Manor Hospital.

1 case to convalescent home.

A widower, aged 53 years, referred by the Police. When interviewed at the police station in the early hours of the morning, the mental welfare officer came to the conclusion that the man had been drinking. It was reported by the police that he had been brought into the station with his clothing soaked and covered in mud. He said he had been in the river to try and drown himself, but had decided against this and had scrambled up the bank. He said that he was afraid that he might do something to himself again, but only when in drink. He was taken home and his sons who live with him were instructed to stay with him and take him to his doctor when the surgery opened. His doctor was phoned and the position explained to him. He was treated by his doctor and returned home and several visits for observation were made. He has given no further trouble.

Single man, aged 24 years. He was found wandering in the town and appeared confused and depressed. He refused to give his name and address and said that we should know soon enough and said he had no objection to entering a mental hospital. The mental welfare officer came to the

conclusion that he was not suffering from mental illness and that he was deliberately withholding information. Eventually he was persuaded to give his name and address and other particulars about himself. The name and address of his father was also obtained. It was learned from his father that the young man had suffered for the past five years with tuberculosis and for that reason had been unable to work, and his only income was his National Assistance allowance. The reason why he left home was apparently due to a quarrel he had with his parents, and following this he just walked out of the house. His father took him home.

A married woman of 43 years with four young children. Neither she nor the husband are very bright. She occasionally becomes very depressed and frustrated. At these times is tearful and needs much encouragement. She is afraid to enter hospital for treatment. However, by regular visiting, discussion and advice it has so far been possible to keep her reasonably well and fit enough to manage her domestic duties.

A young single lady, aged 29 years, who is extremely shy and has been sheltered all her life by her parents. For some time she was unable to carry on with her work. She was nervous and unhappy when required to meet other young people. After several sessions at the Out-Patient Clinic and visits paid to the home she is now very much brighter, has joined a club and returned to work.

Man, aged 46 years, employed as assistant in a butcher's shop. He had a history of heavy alcoholism, and his gait was very unsteady. His speech had deteriorated and he was hardly able to form distinct words. He had begun to salivate and was neglecting himself. He was seen by a mental welfare officer and it was found that he was not on any doctor's register. Arrangements were made at once for him to be accepted by a medical practitioner, who was requested to see the man at his place of employment, since he was unwilling to attend at a surgery. He was admitted the same day to the City Hospital with a suspected brain tumor and later transferred to the Manor Hospital.

A man, aged 53 years, married with four children, and in business on his own account. Police requested that this man should be seen by a mental welfare officer. The man was seen in the mid-afternoon and had clearly been drinking. The next morning another message was received from the police that this man was due to appear in court, having created a disturbance during the night. His wife was seen and she told of her unhappy married life. Her husband had been drinking heavily most of the night in his workshop, and came into the house in the early hours of the morning threatening the family and brandishing spanners. He accused his wife of having an affair with a neighbour and he used obscene language. A psychiatrist was called in and the man was taken to hospital. On his return home he kept well for three days and then his drinking and his delusions started again. He had a long-standing obsession that the police

were against him—since he was involved in an accident some years ago. He then accused his wife of having been instrumental in sending him to hospital and wanted her and his son to leave home. Several visits were paid by the mental welfare officer and the situation discussed with him and his wife. The man always appeared to be grateful for advice and agreed with everything that was said. In the early hours of Boxing Day the police called on the mental welfare officer to see this man. He had been taken to the police station drunk and disorderly. Although smelling strongly of drink, he spoke quite rationally and maintained that he had only taken two glasses of wine and one glass of barley wine. He was taken home and his wife promised to notify this office in case of further difficulty. She called the mental welfare officer after the man's next drinking bout. He had stayed out several nights, coming home drunk in the early hours of the morning. He hit his wife and the youngest son, and used obscene language. He had threatened to kill his wife and burn the house down. His wife was extremely distressed and intended to apply for a separation. Man and wife were seen together and a very long and frank discussion of their problems was held in order to restore their mutual confidence. After several support visits the wife reported that the man had kept his promise and has stopped drinking. She was no longer considering a separation and was most grateful for the help she had received from the mental welfare officer.

Care.

The duly authorised officers dealt with 423 cases as follows :—

117 cases persuaded to undergo voluntary treatment.

18 cases persuaded to enter hospital as informal patients.

12 cases discharged by Justice.

221 mental patients :—

Claiming of wages, National Insurance, National Assistance, Disability Pensions, Retirement Pensions, Unemployment Benefit, general welfare inquiries, the storing of personal property, and communications with distant relatives on their behalf.

22 male patients helped to settle domestic affairs.

33 female patients helped to settle domestic affairs.

A married man with two children. This man has been admitted to hospital on numerous occasions and on each occasion he is maniacal and extremely violent. He is a large man, very strong, and always threatens or commits violence. Extreme patience and tact are needed to handle this patient, but so far no injuries have been inflicted. Every effort is made to help the patient and his family through these distressing times, obtaining wages, superannuation, etc. The patient himself is extremely grateful and co-operative after he has recovered.

A married man with two children was admitted to hospital suffering from depression. He had held a good position but had lost his employment owing to his own misconduct. When this man came under the care of the mental welfare officer the family were totally without means of support and were heavily in debt. The National Assistance Board were contacted, who made an immediate grant of assistance. A list of debtors, including the name of the landlord, was obtained from his wife, and they agreed not to take action against either the man or his wife until his recovery.

A married woman, with two children, who was suffering from depression and was unable to cope with the responsibilities of her family. It was exceedingly difficult to persuade this patient to enter hospital for treatment on an informal basis on account of her anxiety for the welfare of her children. It was also found necessary to convince her husband that she should have treatment and to assure him that the children would be cared for. The mental welfare officer talked to the children, a boy aged 14 years and a girl aged 12 years. They had been somewhat spoiled, but were intelligent and willing to help with the housework, and they promised to behave. A neighbour was contacted who promised to supervise the children's meals during their father's absence at work. Regular visits to the home were made and the patient has now been discharged, fully recovered.

A man, aged 48 years, of Polish extraction, has lived in Derby for a number of years. He has a very poor command of the English language. He lived alone and, probably through loneliness and lack of conversation, became depressed and suspicious. He thought neighbours were trying to harm him. It was found necessary to admit him to hospital. Now he is responding to treatment, has made friends with other patients, and neighbours have visited him and are prepared to assist him when he returns home.

A man, aged 51 years, whose wife died nearly six months ago. They had no family and were greatly attached to each other. After wife's death he gave up the home and went into lodgings, but was unable to adjust himself properly and continually talked about ending his life. He was admitted to hospital and is responding to treatment. He is most grateful that this department has kept his relatives in Scotland aware of his progress as, owing to financial difficulties, they are not able to visit very often.

After-Care.

The duly authorised officers made 1,478 visits and dealt with 451 cases as follows :—

- 27 males were returned to regular employment.
- 14 males found new lodgings.
- 10 females found new lodgings.
- 16 females were returned to regular employment.
- 32 males kept under constant supervision.

- 27 females kept under constant supervision.
- 18 males re-admitted to mental hospital.
- 25 females re-admitted to mental hospital.
- 11 males persuaded to attend rehabilitation centre.
- 3 females persuaded to attend rehabilitation centre.
- 2 females sent to convalescent home.
- male sent to convalescent home.
- 4 males found change of employment.
- 6 females found change of employment.
- 7 males persuaded to continue with out-patient treatment.
- 12 females persuaded to continue with out-patient treatment.
- 235 cases visited at regular intervals.
- 2 reconciliations effected.

A woman, aged 70 years, and her son, aged 26 years. Both have been patients in hospital suffering from mental illness and were discharged together in order to care for each other. The mother suffers from mild delusions of persecution which do not appear to distress her in any way, and the son appears totally inadequate to undertake outside employment. He can, however, run errands and help in the housework. This case is kept under close supervision and help and advice given whenever necessary.

A married woman with two children. She was discharged from hospital after a period of mental treatment. There has been domestic discord in this case for a considerable period, and the mental welfare officer has been called in on several occasions either by the husband or wife for help and advice. These calls have been at all hours, day and night, when the officer by friendly assistance and advice helps to restore domestic harmony.

A married lady, aged 55 years, had one son, of whom she was rather over-possessive. When the son brought home a girl friend the mother became frenzied with jealousy and for some weeks made verbal attacks upon the girl and her family. Eventually these attacks became quite fierce and rather vicious, and it was found necessary to admit her to hospital. She responded well to treatment and has now returned home. During her stay in hospital the son married the girl concerned and now there is a complete reconciliation. Son and his wife live quite close to the mother and she and her daughter-in-law are on quite friendly terms.

A man, aged 29 years, married, with two small children. Wife is a patient in the Isolation Hospital. He has carried on quite well at home and managed to continue with his employment until it finally became too much for him and a nervous breakdown seemed inevitable. The man was admitted to hospital and the children placed in care for a few weeks. He quickly recovered with rest and treatment, and is now at home and working well. The wife is improving and hopes to leave hospital in the near future.

At Christmas the children of several patients in receipt of after-care were given toys, clothing, etc., collected by this department.

(b) Under the Lunacy and Mental Treatment Acts, 1890-1930.

Section ..		Lunacy Act, 1890.				Mental Treatment Act, 1930.		Mental Health Act, 1959	TOTAL.
		20	21(1)	16	4	1	5	INFORMAL ADMISSIONS	
Under 16 years	M.	—	—	—	—	—	—	—	—
	F.	2	—	—	—	1	—	—	3
16 to 25 years	M.	12	—	1	—	7	1	3	24
	F.	5	2	—	—	6	—	2	15
25 to 35 years	M.	21	4	4	—	18	1	5	53
	F.	13	2	6	—	15	—	4	40
35 to 45 years	M.	16	2	5	—	11	1	4	39
	F.	12	3	—	—	15	—	6	36
45 to 55 years	M.	22	1	3	—	12	—	2	40
	F.	23	1	5	—	13	1	9	52
55 to 65 years	M.	11	—	—	—	14	—	1	26
	F.	9	1	3	—	17	—	4	34
65 to 75 years	M.	7	—	—	—	11	—	6	24
	F.	14	—	2	—	18	—	2	36
75 to 85 years	M.	6	—	2	—	2	—	3	13
	F.	7	1	1	—	10	—	1	20
85 to 95 years	M.	—	—	1	—	—	—	—	1
	F.	2	—	—	—	—	—	—	2
TOTAL ..	M.	95	7	16	—	75	3	24	220
	F.	87	10	17	—	95	1	28	238

} 458

15 Aliens are included in the above.

186 Psychiatric Social Histories were supplied by the Duly Authorised Officers.

12 Persons taken to Kingsway Out-Patients' Clinic, involving 15 visits.

Dr. Hunter, Medical Superintendent, Kingsway Hospital, Derby, holds a weekly meeting each Monday, at which his medical staff, the occupational therapists and the duly authorised officers are present. The admissions and discharges during the previous week are discussed and information exchanged regarding patients as to their future, after-care and rehabilitation in civil and industrial life. In between meetings the Superintendent maintains contact by seeking the aid of the duly authorised officers with regard to any inquiry he wishes to be made and by obtaining and forwarding to him any patient's social history.

By permission of the Medical Superintendent, the duly authorised officers are allowed to see patients on any day with a view to relieving them of domestic, financial and other matters which may be causing them concern. Co-operation is readily given by all concerned.

Thanks are tendered to the Medical Superintendent, doctors and staff of Kingsway Mental Hospital, also to the magistrates, doctors and police for their help and co-operation in carrying out the difficult duties under the Lunacy and Mental Treatment Acts.

The help and co-operation of all sections of the Ministry of Labour, also that of the National Assistance Board and the Ministry of National Insurance and Pensions, is greatly appreciated, also that of the W.V.S. for supplying meals and clothing to special cases.

(c) Under the Mental Deficiency Acts, 1913—1938.

(i) ASCERTAINMENT, Etc.	Under age 16.		Aged 16 and over.	
1. Particulars of cases reported during 1959	M.	F.	M.	F.
(a) Cases ascertained to be defectives "subject to be dealt with":— Number in which action taken on reports by—				
(1) Local Education Authorities on children:				
(i) While at school or liable to attend school	4	6	—	—
(ii) On leaving special schools	—	1	1	1
(iii) On leaving ordinary schools	—	—	—	—
(2) Police or by Courts	—	—	—	—
(3) Other sources	—	1	—	—
TOTAL of 1 (a)	4	8	1	1
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	2	1	10	5
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	—	—	—	—
(d) Cases reported in which action was incomplete at 31st December, 1959, and are thus excluded from (a) or (b)	—	—	—	—
TOTAL of 1 (a)—(d) inclusive	6	9	11	6
2. Disposal of cases reported during 1959				
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e., at 1 (a)) number:				
(i) Placed under Statutory Supervision	4	8	—	1
(ii) Placed under Guardianship	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	—
(iv) Admitted to Hospitals	—	—	1	—
TOTAL of 2 (a)	4	8	1	1
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e., at 1 (b)) number:				
(i) Placed under Voluntary Supervision	2	1	10	5
(ii) Action unnecessary	—	—	—	—
TOTAL of 2 (b)	2	1	10	5
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	—	—	—	—
TOTAL of 2 (a)—(c) inclusive	6	9	11	6
3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1959 and admitted to				
(a) National Health Service hospitals	4	8	—	7
(b) Elsewhere	2	—	—	—
TOTAL	6	8	—	7

4. Total cases on Authority's Registers at 31/12/59	Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.
(i) Under Statutory Supervision	27	38	114	100
(ii) Under Guardianship (including patients on licence)	—	—	—	1
(iii) In "Places of Safety"	—	—	—	—
(iv) In Hospitals (including patients on licence) ..	11	3	77	86
TOTAL of 4 (i)—(iv) inclusive ..	38	41	191	187
(v) Under Voluntary Supervision	2	1	41	45
TOTAL of 4 (i)—(v) inclusive ..	40	42	232	232
5. Number of defectives under Guardianship on 31st December, 1959, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913. (Included in 4 (ii))	—	—	—	—
6. Classification of defectives in the Community on 31/12/59 (according to need at that date)				
(a) Cases included in 4 (i)—(iii) in need of hospital care and reported accordingly to the hospital authority :—				
(1) In urgent need of hospital care :—				
(i) "cot and chair" cases	2	3	—	—
(ii) ambulant low grade cases	6	3	12	1
(iii) medium grade cases	—	—	—	—
(iv) high grade cases	—	—	—	—
TOTAL urgent cases	8	6	12	1
(2) Not in urgent need of hospital care :—				
(i) "cot and chair" cases	—	—	—	—
(ii) ambulant low grade cases	1	2	—	—
(iii) medium grade cases	1	—	1	—
(iv) high grade cases	—	—	—	1
TOTAL non-urgent cases	2	2	1	1
TOTAL OF URGENT & NON-URGENT CASES..	10	8	13	2
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for :—				
(i) occupation centre	16	26	22	18
(ii) industrial centre	—	—	—	—
(iii) home training	—	—	—	—
TOTAL of 6 (b)	16	26	22	18
(c) Of the cases included in 6 (b), number receiving training on 31/12/59 :—				
(i) In occupation centre (including voluntary centres)	8	15	9	6
(ii) In industrial centre	—	—	—	—
(iii) From a home teacher in groups ..	—	—	—	—
(iv) From a home teacher at home (not in groups)	—	—	—	—
TOTAL of 6 (c)	8	15	9	6

Guardianship and Supervision.

At the end of 1959 there were 279 mental defectives under Statutory Supervision, 65 being under the age of 16 years : also 89 were under Voluntary Supervision.

Of the total number of mental defectives, 110 were in employment, 40 were attending the Occupation Centre, and 129 were at home.

177 Derby cases were in 25 different hospitals throughout the country.

In addition, one defective over the age of 16 years was under guardianship and there were six defectives on licence in the Borough.

The duly authorised officers carried out 1,157 domiciliary visits during the year and five cases were found to be socially stabilised and no longer in need of care.

As a result of these visits it has been possible to assist many defectives in employment, domestic and financial problems.

There are 33 defectives on waiting list for Institutional care, 27 of these being urgent, including 14 under the age of 16 years.

1 defective was admitted to Rampton State Institution—Section 3, Mental Deficiency Act, 1913.

2 defectives were admitted to Aston Hall Hospital—Informal admission.

1 defective was admitted to Makeney Hospital—Informal admission.

1 defective was admitted to Whittington Hall—Informal admission.

6 defectives were admitted to Makeney Hospital—Short Term Care.

2 defectives were admitted to Glenfrith Hospital—Short Term Care.

4 defectives were admitted to Aston Hall Hospital—Short Term Care.

1 defective was admitted to Thundercliffe Grange—Short Term Care.

2 defectives were admitted to Whittington Hospital—Short Term Care

2 defectives were admitted to Dronfield Hospital—Short Term Care.

1 defective was admitted to Westdale Hospital—Short Term Care.

OCCUPATION CENTRE.

Report for the year ending 31st March, 1960.

Of the 39 mental defectives attending the Occupation Centre regularly, there are nine boys and nine girls over 16. During the year one boy and one girl over 16 have been withdrawn and their places taken by younger children.

An outing was arranged to Cleethorpes on June 24th ; 32 of the children attending the Centre were included in the party. Mothers of the low grade children were again given the opportunity to attend at their own expense. With staff and guides there were 61 passengers altogether for the two coaches.

Thirty-four children attended the Christmas Party on December 14th. Parents were invited to see Father Christmas distribute the gifts at 5 p.m.

Various articles involving the use of simple woodwork have been introduced during the year. The framing of some of the larger used Christmas cards, which each year are sent into the Centre, has proved most popular, and table mats in hardboard, covered in self-adhesive plastic, have been much in demand and kept the senior boys very busy during handwork periods. Needlework of all kinds occupies the girls, who also like to join in the basketry and chair caning classes. Knitting is always popular, and a good standard of work is produced by the older girls.

The junior boys have been busy making rugs, and the assembling and seating of stools keeps a number of them happily employed during part of the day.

Musical activities, country dancing, percussion band, rhythmic dancing and singing find a place in our daily activities, as well as various forms of sense training and speech training.

An occasional picture show, given by a member of the staff who brings his own projector, is a great treat to all the children.

V. M. ROBINSON, *Supervisor.*

VIII.—SOCIO-MEDICAL WORK

Report by Mr. R. L. Carabine, Senior Social Caseworker.

Staff shortage made the year an extremely difficult one and this is reflected in the work undertaken, which in volume is necessarily down on the previous year. However, the arrival of Mrs. Dexter in September soon led to an increase in the monthly case load. The report of the Ministry of Health Working Party on the recruitment, training and employment of Social Workers in Local Authority Health and Welfare Departments was, as all will be aware, issued during the year, and in general the policy adopted by this department for many years was confirmed.

Despite the fall in the overall number of cases dealt with, work for the Chest Centre continued to expand in keeping with the growth of the Centre. Tuberculosis and lung cancer formed the bulk of referrals, but as the staff position improves it is envisaged that closer attention will be paid to the bronchitics and asthmatics who are now attending in increasing numbers. It is worth remarking on lung cancer cases. To a layman there are points of similarity between these cases and those of tuberculosis a decade ago. Waiting periods between diagnosis and surgical treatment allow anxiety and speculation to build up, and the more informed and intelligent the patient the more anguished his experience.

Apart from the Chest Centre, the only other source of referrals to show an increase was that of the General Practitioner, and this is viewed with satisfaction.

Medical classification of cases over the year showed a further marked fall in tuberculosis, a marked increase in cases of nervous origin or mental stress, and a further increase in cancer. These figures do, of course, vary considerably from year to year, but it is evident that in general they reflect more reliable statistics.

As in previous years, there was close and friendly co-operation with the Welfare, Children's, Education and other departments of the Authority, whilst within the Health Department there was daily discussion with the Health Visiting, Nursing, Home Help and Mental Health Sections. Mention must also be made of the excellent relationship maintained with the National Assistance Board, the Ministry of Labour, and with both National and Local Voluntary Associations, whose help was most valuable.

Case Illustrations.

- (1) A young man of eighteen years sent by his doctor, to whom he had complained of periods of irritability, lack of concentration, and general lassitude. Doctor could find no satisfactory explanation for this and concluded that his symptoms were due to pressure of a social nature.

Interviewing brought to light a most unsatisfactory situation, for it was revealed that the patient, who was both of pleasant personality and reasonable intelligence, a leader in a Youth Movement, a keen musician and a technical apprentice, was on the point of going to pieces. He had learned of his illegitimacy in a rather brutal manner, was pulled emotionally between his mother and grandmother, and was badly in need of a home which would provide both understanding and tolerance, but where discipline would be dispensed when necessary. This young man had already one foot on the slippery slope to crime, and had his doctor not been perceptive he would in all probability have suffered a public disgrace. Fortunately he responded quickly to the interest shown in him, and, with the help of friends, first temporary, and then later permanent accommodation was found with people who not only met his needs but also encouraged him to play a responsible role.

- (2) Mr. C., who had been suffering from tuberculosis for several years and was now fit for work, appeared to be quite unmoved by the good news and over several months made little effort to create an employer's confidence in him. His lack of response after years of illness did not at first occasion much surprise, but when he began to lose weight for no apparent reason it became obvious that things were not what they should be. Following a discussion with the Chest Physician and Health Visitor, Mr. C. was invited to the Almoner's office for a friendly talk. From this and ensuing interviews it was learned that his wife had taken other members of her family into the household, and the patient not only resented this but also the manner in which they behaved. There were innumerable upsets ; no doubt many were magnified beyond recognition by the patient, and no doubt some stubbornness on the part of his wife accounted for much of the unhappy situation. After careful consideration it was concluded that the patient stood in need of a complete change of environment, and that it would be to his advantage to enter a Ministry of Labour Residential Rehabilitation Centre which was situated in a town some thirty miles away. The advantages offered by this Centre were carefully explained to the patient, who readily agreed to the plan. The Disablement Officer gladly co-operated and arrangements were quickly completed. The change brought about in this patient by his period of training was remarkable ; the change in his wife's attitude towards him was also favourable, and soon after his return home he was placed in employment. Some months later he is a much happier, healthier and far more confident person, a fact confirmed by his recent move to a more highly paid position.
- (3) A telephone call from her General Practitioner described Mrs. B. as rather overwrought and slightly hysterical, due, he believed, to an unhappy domestic life and a long history of insecurity. Possibly the Almoner could assist by relieving her of some of the tension she was building up. On arrival it quickly became obvious that Mrs. B. was under considerable strain, and for some minutes it was quite impossible to obtain a coherent

story. However, she gradually quietened and was able to describe her life over the last thirteen years. It appeared that her husband was intensely jealous and suspicious, that as a child he had been adopted, that he had attended an E.S.N. school for a brief period, and that she herself was left without parents at an early stage in life. At a second interview she disclosed the fact that she had committed adultery early on in the marriage and this had been forgiven by her husband. By now she was evidently placing considerable faith in the caseworker and she willingly agreed to her husband being seen. Mr. B. proved to be mildly neurotic but of a higher intelligence than his wife had led the caseworker to expect. From the outset he admitted his faults, i.e. hasty temper, jealousy, etc., and he gradually came to see that he also lacked other attributes which no doubt any wife would consider important. In spite of his difficult childhood, his employment record and his service career were remarkable for their apparent steadiness, and there could be no doubting his sincerity. The next phase took the form of a joint interview and, though both parties accepted a great deal of the caseworker's account of their situation, it was plain that a temporary separation would be wisest if this could be achieved without undue upset to the two children. It was judged that only in this way would the couple have time to take stock of their situation and begin that appreciation of each other's qualities which may lead to a sound reconciliation. Both agreed that this was their wish and both agreed to keep in touch with the social worker. That there was a considerable risk of a permanent break-up of the home was recognised, but this was calculated to be necessary, and in the event it appears to have been justified. The separation of over six months saw a steady improvement in the wife's health and some intensive soul searching on the part of the husband. Both, from time to time, called on the caseworker and discussed various aspects of their married life. In both cases the effects of an unhappy childhood are only just being recognised by the persons concerned. The decision to end the separation has been approached with some care, but it has been made quite voluntarily by both partners and there are good grounds for believing that mentally Mr. and Mrs. B. are better fitted to make a success of their lives.

Number of Patients referred to Section.

Hospitals ...	...	...	...	...	...	...	210
Chest Centre ...	...	...	...	...	...	...	166
General Practitioner ...	...	...	...	...	...	...	147
Health Department Workers ...	...	...	...	...	...	...	14
Local Authority Departments	...	...	...	...	...	...	14
Voluntary Agencies ...	...	...	...	...	...	...	3
National Assistance Board ...	...	...	...	...	...	...	7
Councillors ...	...	...	...	...	...	...	39
Other Sources ...	...	...	...	...	...	...	29
Patient's Own Approach	...	...	...	...	...	...	78

707

Of these, 418 were new cases whose medical condition was categorised as follows :—

Cancer	...	...	...	...	...	...	62
Cardiac and Circulatory	...	...	...	...	...	...	38
Chest Conditions	...	...	...	...	...	...	43
Debility	...	...	...	...	...	...	10
Diabetes	...	...	...	...	...	...	3
Gastric	...	...	...	...	...	...	22
Skin Conditions	...	...	...	...	...	...	4
Orthopaedic	...	...	...	...	...	...	69
Gynaecological	...	...	...	...	...	...	9
Tuberculosis	...	...	...	...	...	...	56
Mental Stress	...	...	...	...	...	...	38
Neurological	...	...	...	...	...	...	13
Other Conditions	...	...	...	...	...	...	49
Paraplegic	...	...	...	...	...	...	4
Rheumatism and Arthritis	...	...	...	...	...	...	20
							<hr/> 440 <hr/>

Several cases were suffering from more than one medical condition.

General Care.

In a high percentage of cases it was necessary to invoke the aid of other agencies and Local Authority workers. The following figures illustrate this.

48 Cases were referred to National Assistance Board.

8	„	„	„	„	Ministry of Insurance.
57	„	„	„	„	Hospitals and Hospital Management Committee.
20	„	„	„	„	General Practitioners.
9	„	„	„	„	Health Department Workers.
20	„	„	„	„	Housing Department.
9	„	„	„	„	Health Department Workers.
17	„	„	„	„	Welfare Department.
7	„	„	„	„	Education Department.
12	„	„	„	„	Children's Department.
13	„	„	„	„	Voluntary Agencies.
4	„	„	„	„	Employers.
8	„	„	„	„	Legal Agency.
17	„	„	„	„	Ministry of Labour.
1	„	„	„	„	Moral Welfare Worker.

Provision of Free Milk, Clothing, etc.

53 Patients were provided with free milk. Approximate cost to Committee of this milk is £1,251 15s. 10d.

13 Patients were helped with clothing, bed linen, etc., at a cost of £167 14s. 2d.

Housing.

Recommended Priority Housing	...	...	...	...	...	8
Housed	...	...	...	...	...	6

Convalescence.

16 Patients were sent for preventive and recuperative convalescence at a cost of approximately £297 10s. 0d.

37 Patients were also sent for similar convalescence through voluntary and other agencies.

Rehabilitation.

16 Patients registered as disabled.

11 Patients were sent for rehabilitation and training through Ministry of Labour.

14 Patients and the above were eventually returned to work.

The following chronic sick cases were visited by the Authority's Health Visitors to ascertain suitability for hospital care :—

Number of chronic sick cases visited during the year	...	...	278
Number recommended—"Emergency"	...	...	124
"Urgent admission"	...	...	136
"Normal admission from waiting list"	...	...	17
"Can be cared for at home"	...	...	—
"Suitable for Part III accommodation"	...	...	1

The following visits to expectant mothers desiring hospital confinements were carried out by domiciliary midwives :—

Number of expectant mothers visited during year	...	...	236
Number recommended—"Hospital essential"	...	...	116
"Hospital desirable"	...	...	14
"Can be cared for at home"	...	...	106

IX.—MISCELLANEOUS

Home Nursing.

An analysis of the numbers and types of cases dealt with during the years 1955—1959 is appended.

	1955	1956	1957	1958	1959
Number of cases on Register at beginning of the period ..	335	371	422	450	403
New cases during the period ..	2,085	2,169	2,065	1,868	1,666
Total number of cases attended during the period	2,420	2,540	2,487	2,318	2,069
Total number of visits during the period	65,981	62,208	70,274	67,309	71,163

The new cases during 1959 were referred from the following sources :—

Doctors	...	...	1,235	Neighbours	...	...	...	...	—
Hospitals	...	...	378	Personal application by patient	...	...	...	...	—
Relatives	...	...	5	Bed Bureau	...	...	...	...	14
Midwives	...	...	6	Transfers	...	...	...	...	12
Welfare Officers	...	...	16						

CLASSIFICATION OF NEW CASES ATTENDED DURING THE YEAR 1959.

Erysipelas	3
Dental Infection	11
Adenitis	3
Bursitis	3
Pleurisy	12
Sinusitis	4
Toxaemia and Complications of Pregnancy	6
Tuberculosis—Glands	2
Tuberculosis—Kidney	3
Tuberculosis of Respiratory System	17
Certain Diseases common among children (Measles, etc.)	2
Diseases due to Helminths	3
Malignant Neoplasms (all sites)	108
Benign and unspecified Neoplasms	5
Diabetes Mellitus	36
Anæmias	46
Vascular Lesions affecting Central Nervous System	145
Diseases of the Eye	3
Diseases of the Ear and Mastoid Process	21
Rheumatic Fever	1
Arterio-sclerotic and Degenerative Heart Disease	176
Diseases of Veins	34
Acute Pharyngitis and Tonsillitis	54
Influenza	4
Pneumonia	50
Bronchitis	84
All Other Respiratory Diseases	54
Appendicitis, Hysterectomy, Hernia of Abdominal Cavity	67
Diseases of Gall Bladder and Bile Ducts	22
Other Diseases of the Digestive System	171
Diseases of Genital Organs	14
Complications of Pregnancy, Childbirth and Puerperium	5
Miscarriages	2
Bedsore	12
Infections in Infants under 14 days	1
Boils, Abscesses, Cellulitis, etc.	128
Other Diseases of the Skin	6
Arthritis and Rheumatism	28
Osteomyelitis	1
All Other Specified and Ill-defined Diseases	17
Accidents, Poisoning and Violence	13
Senility	106
Preparation for X-Ray	68
Breast Abscess	7
Amputation of Leg and Toes	5
Orthopædic Cases	14
Mastitis	6
Renal Diseases	15
Mastectomy	4
Gangrene	3
Herpes Zoster	11
Gonococcal Infection	2
Moribund	7
Stomatitis	3
Cirrhosis of Liver	1
Gynaecology	16
Burns & Scalds	21
Chronic Cases	188
Acute Cases	1,478
	1,666

During the year, 8,467 visits to new patients were made for hypodermic injections only. Details are as follows :—

Streptomycin :—					<i>Patients.</i>	<i>Visits.</i>
Tuberculosis diagnosed ...	...	...	...	...	20	752
Other conditions...	...	...	...	...	8	207
Mersalyl and neptal ...	...	...	...	...	91	2,020
Cardophlin ...	...	...	...	...	5	23
Cytamen ...	...	...	...	...	32	608
Inferon ...	...	...	...	...	22	163
Adrenalin ...	...	...	...	...	3	15
Insulin ...	...	...	...	...	36	2,693
Narcotics and Sedatives ...	...	...	...	...	16	386
Antibiotics :—						
Medical ...	...	...	...	...	272	1,504
H.3 ...	...	...	...	...	1	7
Para-Enzyme ...	...	...	...	...	1	11
Gold ...	...	...	...	...	1	28
Heparin ...	...	...	...	...	1	27
Durobolin ...	...	...	...	...	2	13
Vitamin K ...	...	...	...	...	1	10

The following equipment was loaned out during 1959 :—

	<i>Stock.</i>	<i>Cases assisted.</i>
Air Rings ...	83	128
Back Rests ...	88	180
Bed Cages ...	23	40
Bedpans, Steel and Porcelain ...	124	203
Bedpans, Rubber ...	7	5
Douche Cans ...	6	—
Feeding Cups ...	20	14
Hot Water Bottles ...	6	—
Mackintosh Sheets ...	110	243
Urinals, Female ...	11	23
Urinals, Male, Porcelain and Steel ...	97	98
Urinals, Male, Rubber ...	1	1
Commodes ...	15	35
Sorbo Beds ...	1	—
Air Bed ...	1	4
Lilo Bed ...	1	—
Sponge Rings ...	4	4
Breast Pump ...	1	—
Bath Chairs ...	2	2
Bathroom Scales ...	1	—
Dunlopillo Mattresses ...	4	11
Fracture Board ...	1	—
Raising Tackle ...	1	3
Bed with Raising Tackle ...	1	1
Arm Bath ...	1	—
Small Chair on Wheels ...	1	—
Rubber Urinal Bags ...	4	—

Home Help Service—1959.

Report by Mrs. E. C. Baker, Supervisor.

During the year 1959, 822 applications were received, compared with 748 during 1958.

Details are as follows :—

	No. of applications received.	No. of cases attended.	Assessed at			No. of applications withdrawn.	Assessed at	
			Full Fee.	Reduced Fee.	Free.		Full Fee.	Reduced Fee.
Home Helps—Maternity ...	19	12	9	3	—	7	2	5
Domestic Helps— Illness	51	40	24	16	—	11	7	4
Tuberculosis	9	9	—	9	—	—	—	—
Aged and Blind ...	743	698	43	655	—	45	12	33
TOTAL	822	759	76	683	—	63	21	42

The detailed comparison for the years 1954–1959 is as follows :—

Year.	Applications Received (inc. old cases).	Applications Withdrawn.	Full Fee Charged.	Reduced Fee Charged.	Home Helps Employed.	Attendances Made.
1954	775	21	98	641	98	23,721
1955	775	53	92	625	81	22,909
1956	640	22	58	560	79	19,873
1957	694	36	62	596	86	20,699
1958	748	31	89	628	89	22,658
1959	822	63	76	683	90	24,121

The number of three-hourly attendances made by the Home Helps during the year was 24,121, and 3,379 visits were made by the Supervisor and Assistant.

Help is sent into approximately 550 homes each week and, although it has not been possible to meet everyone's requirements, help has been distributed as fairly as possible ; to this end all cases are limited to one half day each week apart from exceptional cases, when the limit is two half days.

During the year there were 351 new cases ; the applications were made from the following sources :—

Almoner	13
Blind Welfare	12
Councillor	1
Doctors	34
General Public	176
Hospitals	45
Housing	1
Home Nursing Service	5
Health Visitors	3
Mental Welfare	3
National Assistance Board	41
Welfare	17
	<hr/>
	351
	<hr/>

The Home Help Service was originally intended to cater for emergency cases only, but has gradually evolved into a service mainly concerned with the aged, infirm, blind, mentally ill and chronic sick. It is only by having cheap domestic help made available to the aged that many have been able to remain in their own homes during their declining years, and so eased the situation in the Hospitals and Old People's Homes.

It has been found more convenient to employ part-time women for this kind of work, as the old people prefer to have their homes cleaned in the mornings so that they can rest in the afternoons ; naturally everyone is not able to have morning work, but we try to accommodate everyone as far as possible.

In order to accomplish a smooth-running and efficient service it is necessary to exercise constant supervision and maintain direct personal contact with Home Helps whilst at work in order to cultivate reliability and punctuality.

When visiting cases, the Organiser is often confronted with problems which could not be solved by the provision of domestic help alone, and her advice is sought for many and various problems, some of which would not arise if families were more conscientious about their parents and relatives. Where there is more than one child the burden should be shared between them, not left to the willing one or no one at all because one is afraid of doing more than another. Nor should the attitude be adopted that old people are the concern of the State alone.

In spite of many enquiries for maternity cases, there is very little change. Quite often people are able to arrange with a neighbour at a lower cost.

Cremation.

During the period to 31st December, 1959, 1,913 cremations were carried out. Of this number, 633 were in respect of persons who resided in the Borough and 1,280 in respect of persons from other areas.

Epileptics and Spastics.

Incidence :—

YEAR.	EPILEPTICS.		SPASTICS.	
	Male.	Female.	Male.	Female.
1953	3	2	2	3
1954	—	1	4	3
1955	2	1	4	4
1956	—	—	1	—
1957	2	3	—	—
1958	1	—	—	1
1959	1	1	1	7
Total number of cases in the Borough (age 0—15 years) known to the Medical Officer of Health at 31/12/59..	5	5	15	20

It is not possible to give the precise number of persons suffering from epilepsy and cerebral palsy but, having regard to the information contained in Ministry of Health Circular 26/53, it is estimated that there may be up to 28 epileptics and possibly up to 50 spastics over the age of 15 years in the Borough. Other known details as at 31/12/59 are as follows :—

Spastics.

Awaiting admission to special home 1 male.
Blind spastic 1 female.

Partially Sighted Spastics.

One schoolgirl, 16 years old.
One boy, 9 years old.

Epileptics.

Maintained in colonies	3 males, 4 females.
------------------------	-----	-----	-----	-----	---------------------

Awaiting admission to colonies	Nil.
--------------------------------	-----	-----	-----	------

Maintained in Part III accommodation provided					
---	--	--	--	--	--

by the Council	4 males, 3 females.
----------------	-----	-----	-----	-----	---------------------

Briefly, the facilities available under the local health services for the area are as follows :—

Diagnosis, treatment and assessment are available from general practitioners and hospitals. Children under 15 automatically come to the notice of the School Health Service, and this Service maintains close supervision over the cases and, where necessary, contacts general practitioners and the hospitals in cases of difficulty. Furthermore, there is a local arrangement whereby the School Health Service contacts the Welfare Department at least 12 months before the child reaches the age of 16 years, so that the Welfare Department is brought into the picture at an early age. Responsibility for the liaison between the School Health Service and the Welfare Department has been given to the Senior School Medical Officer, and this arrangement appears to be working quite satisfactorily. The main difficulty with the spastics lies in accommodation, and at the time of writing plans are afoot to see whether a small unit can be provided for those spastic children capable of benefiting from treatment and education.

There is excellent co-operation between the School Health Service and the pediatric services of the hospitals.

Blind Welfare.

The following information is supplied by Mr. L. W. Horton, Chief Executive Officer, Welfare Department.

Number of blind persons on register during 1958	...	...	...	279
New patients added to register during 1959	...	...	...	45
Transfers into the Borough from other areas	...	...	...	5
				—
Number of blind persons reported as having died	...	...	...	31
Transfers out of the Borough to other areas	...	...	...	11
				—
Number of blind persons on register during 1959	...	...	...	287
Number of children of school age included in above	...	...	...	2
Number of partially sighted persons on register during 1959	...	...	...	69

Details of blind persons on register at 31/12/59 are as follows:—

Age Periods of Registered Blind Persons.

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total.
M.	—	1	—	—	—	1	1	2	3	5	6	15	8	13	59	114
F.	—	—	1	—	—	—	—	1	2	5	10	13	13	9	119	173
TOTAL	—	1	1	—	—	1	1	3	5	10	16	28	21	22	178	287

Age at Onset of Blindness.

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Un-known	Total.
M.	13	—	1	1	—	4	2	4	5	6	10	11	11	8	38	—	114
F.	15	—	—	—	—	8	1	1	2	5	14	20	14	16	77	—	173
TOTAL	28	—	1	1	—	12	3	5	7	11	24	31	25	24	115	—	287

Children, Age under 16.

	Under 2.		Age 2—4.				Age 5—15.								TOTAL.
	Resident in /at		Educable.		In- educable.		Educable.				Ineducable.				
	Sunshine or Residential Homes.	Home or Elsewhere.	Attending Nursery Schools or in Residential Homes.	At Home or Elsewhere.	In Mental Hospitals or M.D. Institutions.	At Home or Elsewhere.	Attending Schools.		Not at School.		In Mental Hospitals or M.D. Institutions.		At Home or elsewhere.		
							Blind but no other Defects.	Blind with other Defects.	Blind but no other Defects.	Blind with other Defects.	Blind.	Blind with multiple Defects.	Blind.	Blind with multiple Defects.	
M.	—	1	—	—	—	—	—	—	—	—	—	—	—	2	3
F.	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
TOTAL	—	1	—	1	—	—	—	—	—	—	—	—	—	2	4

Education, Training and Employment. Age Periods, 16 years and upwards.

	<i>Employed.</i>					<i>Under-going Training.</i>		<i>Unemployed.</i>								(n)	(o)		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) <i>Trained but unemployed.</i>		(i) <i>No Training but Trainable</i>		(j) <i>No Training</i>		(k)	(l)	(m)	GRAND TOTAL.	No. of Persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (m).	
	<i>In Workshops for the Blind.</i>	<i>As Approved Home Workers.</i>	<i>All Others not included in either (a) or (b).</i>	TOTAL EMPLOYED.	<i>No. of Women over 60 and Men over 65 who are employed included in (d).</i>	<i>For Sheltered Employment.</i>	<i>For Open Employment.</i>	<i>For Sheltered Employment.</i>	<i>For Open Employment.</i>	<i>For Sheltered Employment.</i>	<i>For Open Employment.</i>	<i>For Sheltered Employment.</i>	<i>For Open Employment.</i>	<i>Not available for employment.</i>		<i>Not Capable of Work.</i>			<i>Not Employed over 65.</i>
														16 — 64	16 — 64				
M.	1	—	17	18	—	1	—	—	1	—	—	—	1	6	13	71	111	20	
F.	—	—	3	3	—	—	1	—	—	—	—	—	—	22	18	128	172	3	
TOTAL	1	—	20	21	—	1	1	—	1	—	—	—	1	28	31	199	283	23	

Occupations of Employed Blind Persons.

	<i>Mat Makers & Chair Seaters</i>	<i>Clerks and Typists.</i>	<i>Newsagent.</i>	<i>Factory Operatives.</i>	<i>Massage and Physio-Therapy.</i>	<i>News-vendors.</i>	<i>Piano Tuners.</i>	<i>Packers.</i>	<i>Telephone Operators.</i>	<i>Other Open Employment.</i>	<i>Gardener.</i>	<i>Miscellaneous.</i>	<i>TOTAL.</i>
Within Workshops for the Blind	1	—	—	—	—	—	—	—	—	—	—	—	1
Approved Home Workers Schemes	—	—	—	—	—	—	—	—	—	—	—	—	—
Others not Pastime Workers ...	1	1	1	—	—	1	1	—	1	13	1	—	20
TOTAL	2	1	1	—	—	1	1	—	1	13	1	—	21

Physically and Mentally Defective and Mentally Disordered—All Ages.

	(a)	(b)	(c)	(d)	(e)	(f)	<i>Not included in (a) to (f) but combination of :—</i>					<i>TOTAL.</i>
	<i>Mentally Disordered.</i>	<i>Mentally Defective.</i>	<i>Physically Defective.</i>	<i>Deaf without Speech.</i>	<i>Deaf with Speech.</i>	<i>Hard of Hearing.</i>	<i>(b),(c) and (f)</i>	<i>(a) and (c)</i>	<i>(a) and (e)</i>	<i>(a) and (f)</i>	<i>(b) and (c)</i>	
M. ...	1	3	6	—	1	9	—	—	1	1	2	24
F. ...	4	1	12	—	5	16	1	—	1	1	—	41
TOTAL ...	5	4	18	—	6	25	1	—	2	2	2	65

Blind Persons age 16 and upwards—resident in

	<i>Residential Accommodation provided under Part III of the 1948 Act, viz. : Section 21.</i>		<i>Other Residential Homes.</i>	<i>Mental Hospitals.</i>	<i>Mental Deficiency Institutions</i>	<i>Chronic Wards of Hospitals.</i>
	<i>Homes for the Blind.</i>	<i>Other Homes.</i>				
M. ...	9	6	—	3	—	4
F. ...	12	2	1	7	—	7
TOTAL ...	21	8	1	10	—	11

Miscellaneous Information—Number of

Social Centres	1
Handicraft Classes	2
Special Classes and Socials for the Deaf-Blind ...	—
Persons newly employed in open industry during the year	1
Persons discharged from open industry during the year	2
St. Dunstaners	4

**Blind Persons Registered as New Cases (not transfers) during the Year—
Age Periods.**

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	—	—	—	—	2	—	—	1	1	2	2	8	16
F.	—	1	—	—	—	—	—	—	—	1	—	3	—	2	22	29
TOTAL	—	1	—	—	—	—	—	2	—	1	1	4	2	4	30	45

**Blind Persons Registered as New Cases (not transfers) during the Year—
Age at Onset of Blindness.**

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total
M.	1	—	—	—	—	—	—	1	—	—	1	2	2	2	7	16
F.	1	—	—	—	—	—	—	—	—	1	—	3	1	4	19	29
TOTAL	2	—	—	—	—	—	—	1	—	1	1	5	3	6	26	45

The Local Authority employs three visitors and teachers of the blind, all holding the qualifications of the Association of Colleges for Teachers of the Blind.

Every effort is made to discover and assist any new cases of blindness. Home visiting and practical help is given to all blind persons known to us and residing within the Borough. Social amenities are made known and used whenever possible. Extra attention is given to the deaf-blind and any who may be suffering from some other form of handicap the nature of which is such as to increase the disability of blindness. For a small charge a home help is provided where necessary. Arrangements are also made for the provision, licensing and maintenance of wireless sets, and also the provision of dog licences and omnibus passes.

Each Tuesday and Thursday afternoon is devoted to work at the Social Centre, Guildhall, Market Place, where instruction is given in pastime occupations, or a game of dominoes, cards or draughts may be enjoyed.

The additional room at the Centre is light and warm and contains a number of easy chairs. Here, with this added comfort, our older people spend many happy hours, and on Thursday afternoons a reader, kindly recruited by the W.V.S., comes along to give a short session of interesting stories. An instruction class in Old Tyme Dancing is held on alternate Thursdays.

Teaching of the following subjects and handicrafts is carried out by the staff: Braille reading and writing, Moon reading, sea-grass seating, cane seating, rug making, hand knitting, bead work, straw plait work, string bag making.

Theatre parties and amateur shows are arranged throughout the year. Motor coach outings are arranged throughout the summer. The two most important events of the year are the annual outing and Christmas party which are provided by the Local Authority.

A new introduction to the Welfare Scheme is the provision for an annual summer holiday of one week, which is taken collectively and under the supervision of the Blind Welfare staff. In this way much pleasure has been given to many people who would otherwise never have left their home town, and as half the cost is borne by the Welfare Committee and the other half by the blind person, the charge is definitely within the reach of all concerned.

Another additional service for the blind takes the form of a monthly Chiropody Clinic, which is held at our Social Centre on the chosen day from 9.0 a.m. to 5.0 p.m. The Chiropodist attending allows approximately half an hour for each patient, and the sessions are always fully booked. A charge of 3/6 per person covers any treatment that may be considered necessary at the time of appointment.

Registration of blind persons is carried out through the medium of a private Eye Clinic, which is arranged once monthly in conjunction with the Ophthalmologist, and which is in accordance with the Ministry of Health requirements, Form B.D. 8 being completed in all cases. In the case of bedridden patients, and others so physically handicapped as to be unable to attend the clinic in person, arrangements are made for the Ophthalmologist to visit them in their homes.

Records are now kept of all observation cases, i.e., persons likely to go blind within the next four years following the date of examination.

The many demands in the field of Blind Welfare seem to be ever increasing and some of our duties must be left with seemingly insufficient attention, but we are, nevertheless, happy to report that despite the many office and routine tasks which must be carried out, we were able to make a large number of visits. These include visits to blind persons in their homes, visits to various hospitals, and numerous appointments with doctors and dentists on behalf of blind persons.

Follow-up of Registered Blind and Partially Sighted Cases.

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends :—	Cause of Disability.			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Other.
(a) No treatment :—15 	2	—	—	13
(b) Treatment (medical, surgical or optical) :—41 	11	5	—	25
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment 	6	4	—	16

Section 47, National Assistance (Amendment) Act, 1951.

Four cases were admitted to Manor Hospital under this Section.

AMBULANCE SERVICE.

Mr. C. V. Roberts, Transport Manager, reports :—

Use of Service.

The number of patients carried was 8.7% above that for 1958, but, as most of these were out-patients from within the Borough, the mileage increased by only 3.9%.

Vehicles.

Two vehicles were replaced during the year, but the fleet size remained unchanged at seven ambulances, three dual-purpose vehicles and two cars.

Personnel.

It was possible to cover the additional cases without any increase in personnel, which consists of four shift leaders and twenty-three driver/attendants, under the operational supervision of the Deputy Ambulance Officer.

Patients Carried.

				<i>Sitting Case</i>	
				<i>Ambulances.</i>	<i>Vehicles.</i>
				<i>Total.</i>	
Emergency calls	...	...	...	1,411	242
Other cases	...	...	...	20,677	26,631
				<u>22,088</u>	<u>26,873</u>
				<u>22,088</u>	<u>26,873</u>
				<u>48,961</u>	<u>48,961</u>

Mileage.

				<i>Sitting Case</i>	
				<i>Ambulances.</i>	<i>Vehicles.</i>
				<i>Total.</i>	
With patients	...	...	...	73,425	88,853
Midwifery apparatus	...	...	...	93	1,059
Other journeys (including fruitless)				1,535	3,491
				<u>75,053</u>	<u>93,403</u>
				<u>75,053</u>	<u>93,403</u>
				<u>168,456</u>	<u>168,456</u>

Co-operation, etc.

The service continues to enjoy the ready co-operation and assistance of hospitals, doctors, other ambulance services and the staff of British Railways, to all of whom thanks are given.

Valuable assistance has also been given by members of the St. John Ambulance Brigade and British Red Cross Society in supplying escorts for long-distance journeys by public transport.

X.—SANITARY CIRCUMSTANCES AND FOOD INSPECTION.

BY

MR. S. PRIME, CHIEF PUBLIC HEALTH INSPECTOR.

HOUSING.

The year under review was a most difficult one looked at from the aspect of slum clearance. At the end of 1958 some 569 houses had been formally represented as being unfit for human habitation either in clearance areas or as individually unfit, and during 1959 only a further 157 were declared unfit.

These figures are considerably below the programme originally envisaged and, in fact, even the representations made during 1959 were largely based on inspections carried out in 1958. The loss of a further member of our already depleted staff was a grievous blow to our hopes of a speed-up in inspections and representations in 1959. Our hopes for the future are now based on our student members, and I trust we may be able to retain their services after they have obtained their qualifications.

During the year the Compulsory Purchase Orders made in respect of parts of Clearance Areas 7 and 8 in the Hill Street, Bradshaw Street district and Clearance Area 17 in Bath Street were confirmed, as were the Colyear Street and Lodge Lane Clearance Orders, and rehousing operations were practically completed.

Our sense of frustration at lack of progress in slum clearance was to some extent mitigated when we were able to see our previous efforts coming to fruition in the Little City area. The disappearance of this warren of mean little houses and narrow streets will not, I feel sure, be regretted by anyone, save possibly by those shopkeepers who were inevitably disturbed in the slum clearance scheme. Something like half the number of families previously living on this site will be accommodated on the site when redevelopment is complete.

While our job is one of securing the demolition of these unhealthy areas, it is also very gratifying to the members of the Health Committee and officers of the Public Health Department to see the sites properly redeveloped instead of being left vacant for years, as so often happened in the decade before the last war.

The House Purchase and Housing Act, 1959, came into force in July, and the powers contained therein were delegated by the Council to the Health (Sanitary) Sub-Committee, and hence the responsibility for carrying the Act into effect was laid upon the Public Health Inspector.

A rush of applications for Standard Grants was received even before the Corporation had received a copy of the Act, and for a few months a concentrated effort had to be made in order to deal with those accumulated

applications. As was perhaps to be expected in the early stages, and working as we were with very little guidance from the Minister of Housing and Local Government, some difficulties arose over the interpretation of the Act, particularly in relation to the vexed question of "satisfactory facilities for storing food." However, by the end of the year a routine had been well established and we were beginning to receive accounts for the completed work, which had the effect of practically doubling the amount of time spent on this new facet of our work.

As far as Derby is concerned, the Act seems to be quite popular. A total of 366 applications had been received by the end of the year, of which approximately 300 were approved. The following table shows the numbers rejected by the Committee for various reasons : the figure for those applications withdrawn by the applicant, in many instances after formal approval had been received, is rather high, and I am at a loss as to the reasons for this. Unfortunately I am not in a position to spend time investigating the cause, fruitful though such an inquiry might be.

Our experience so far would suggest that Derby people, conservative as always in their outlook, are not rushing for "something for nothing," but are taking time to inspect their neighbours' new bathrooms, weighing up their own financial position, and steadily sending in applications for the new grant.

House Purchase and Housing Act, 1959.

Standard Grants.

Applications received to 31st December, 1959	...	...	...	366
Applications approved	...	...	...	297
Applications rejected on grounds relating to unfitness...	...	...	...	14
Applications rejected on planning grounds	...	...	...	2
Applications withdrawn by applicants	...	...	...	24
Applications rejected because Standard Amenities were already in existence	...	...	...	29

Circular No. 54/55 of Ministry of Housing and Local Government. Advice to intending house purchasers.

As a result of the above circular and official notices in the local press, 966 enquiries were made during the year by persons seeking information as to whether particular houses would be included in Slum Clearance Schemes.

Housing Act, 1957, Section 42.

Number of clearance areas declared	...	...	...	...	11
Number of houses in areas	...	...	...	...	147
Number of families re-housed	...	...	...	...	131
Number of houses demolished	...	...	...	...	142

Housing Act, 1957, Sections 16 and 17.

Number of dwelling houses for which Official Representations were made	10
Number of houses for which Demolition Orders were served...	4
Number of houses for which Closing Orders were made ...	4
Number of houses for which Undertakings to demolish were accepted	—
Number of families re-housed	17
Number of houses demolished	26

First Schedule.**Part I—Applications for Certificates of Disrepair.**

(1) Number of applications for certificates	35
(2) Number of decisions not to issue certificates	—
(3) Number of decisions to issue certificates	33
(a) in respect of some but not all defects	20
(b) in respect of all defects	13
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	22
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	—
(6) Number of Certificates issued	20

Part II—Applications for Cancellation of Certificates.

(7) Applications by landlords to Local Authority for cancellation of certificates	15
(8) Objections by tenants to cancellation of certificates	—
(9) Decisions by Local Authority to cancel in spite of tenants' objection	—
(10) Certificates cancelled by Local Authority	16

The following information is supplied by Mr. E. H. Gregory, Housing Manager:—

Number of Dwellings provided by Derby Corporation and let on weekly tenancy.

Within the Borough	10,959
Outside the Borough... ..	4,586
Total	<u>15,545</u>

Classification :

One Bedroom ...	...	...	...	...	824
Two Bedrooms	...	...	...	...	3,677
Three Bedrooms	...	...	...	...	10,861
Four Bedrooms	...	...	...	...	183
Total					15,545

Number of Dwellings built in 1959 by Derby Corporation.

Within the Borough ...	...	...	...	119
Outside the Borough...	...	...	...	786
Total				905

By other persons or bodies within the Borough 70

Houses allocated during the year for the following purposes.

Slum Clearance	...	...	...	...	246
Tuberculosis	...	...	...	...	4

INSPECTIONS AND NOTICES.

The Department received 1,243 complaints during the year, chiefly relating to housing disrepair.

3,686 visits and inspections were made and particulars of the work that has been carried out in compliance with Preliminary and Statutory Notices under the provisions of the Public Health Act are contained in the following table :—

Dwelling Houses.

Roofs	...	...	Stripped and Reslated	...	...	...	3
			Repaired	...	...	...	45
Chimney stacks	...	...	Rebuilt	...	...	...	11
			Repaired	...	...	...	3
			Pots renewed...	...	...	...	18
Eavesgutters	...	...	Provided	...	...	...	1
			Renewed	...	...	...	6
			Repaired	...	...	...	25

OFFENSIVE TRADES.

The following offensive trades are carried on in the Borough :—

Fat Extractor	...	...	...	...	1
Fat Melter	...	...	...	...	1
Fellmonger	...	...	...	...	1
Gut Scraper	...	...	...	...	1
Rag and Bone Dealer	...	...	...	...	4
Soap Boiler	...	...	...	...	1
Tripe Boiler	...	...	...	...	2

ATMOSPHERIC POLLUTION.

This has been the first full year that the Clean Air Act has been in force in its entirety. Only one officer has been available for this work, but nevertheless steady progress has been made.

The following measures have been taken by industrialists to reduce atmospheric pollution, some of their own initiative and some at our suggestion and persuasion :—

1. Work to hand-fired boilers using coal—								
Automatic stokers fitted	...	...	...	...	...	...	...	3
Converted to oil firing	...	...	...	...	...	...	...	4
Changed from burning coal to coke	...	...	...	...	...	...	...	10
Changed from burning coal to mixture of coke and coal...	...	...	...	...	...	...	...	3
Taken out of use entirely	...	...	...	...	...	...	...	4
2. Grit Arresters—								
Provided	...	...	...	...	...	...	...	3
Renewed	...	...	...	...	...	...	...	2
3. New coal-fired boilers, complete with stokers	...	...	...	...	...	...	...	4
4. Automatic combustion control installed	...	...	...	...	...	...	...	2
5. Mobile steam crane replaced by diesel crane	...	...	...	...	...	...	...	1

The number of boilers from the original survey in 1958 still hand-firing bituminous coal or coal and coke mixed is now approximately 20, which shows a reduction of about 50%. We expect that this number will be even further reduced as time goes on.

Smoke Control.

Active consideration has been given to the question of domestic smoke, and early in the year the Corporation were requested by the Minister of Housing and Local Government to submit proposals. This request followed confirmation that the town is in a "black area," that is, an area which by reason of the volume of industry, density of population and prevalence of fog is marked "black" on the map published with the Interim Report of the Beaver Committee in 1953.

The return submitted by the Council indicated their intention to extend Smoke Control to as much of the town as possible, although at the present this is a very long-term policy. It is, however, proposed to commence with the Mackworth Estate, in two parts, and approval in principle for the first area was obtained from the Minister during the year.

It may be interesting to record that consideration was given to starting this work in the town centre. In view, however, of the potential slum clearance and redevelopment schemes which involve central areas it seemed clear that any such zone which might be created would be very small in relation to the work involved, and, in any case, it would be overshadowed by the power station as well as being affected by smoke blowing in from other parts. For these reasons it was decided to commence on the windward side of the Borough.

Atmospheric Pollution Measurement.

The number of Standard Deposit Gauges was increased to seven during the year and monthly figures of total solid matter deposited expressed as tons per square mile are appended.

General.

The year was notable for one of the driest summers within memory and it was regrettable to see so many clouds of smoke billowing from garden bonfires in the residential areas, particularly during the evenings. A great deal more common-sense and social conscience is called for in this respect. Indiscriminate burning of garden refuse is a thoughtless act and a source of considerable annoyance to those who wish to enjoy the open air after being shut up all day in shops, offices and factories. It is to be regretted that no mention is made of the garden bonfire in the Clean Air Act, but it is my view that if a bonfire is frequently made on the same premises it could be regarded and dealt with as a statutory nuisance under the provisions of the Public Health Act. It is noteworthy that at least one local authority now undertakes the collection of dry garden refuse and that another authority is proposing to undertake such a service for a small charge.

COUNTY BOROUGH OF DERBY.—STANDARD DEPOSIT GAUGES FOR MEASUREMENT OF ATMOSPHERIC
POLLUTION.

Total solid matter deposited expressed to give figures equivalent to tons per square mile.

	1959	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Oct.	Nov.	Dec.
Central Bus Station	*	11.76	19.33	19.01	14.24	19.87	19.97	11.65	21.44	42.21	17.50
Markeaton Park	*	4.87	7.25	10.37	5.60	15.70	8.99	6.95	5.66	34.32	8.38
Technical College, Normanton Road	..	11.94	12.27	20.84	12.90	11.90	34.11	20.21	10.17	19.17	27.54	17.82
British Railways Staff College	..	—	—	10.44	13.80	13.10	22.84	14.21	10.27	16.14	40.75	12.98
East Midlands Gas Board, Pump House	..	—	—	—	12.45	12.31	54.30	13.96	14.23	18.97	36.93	25.95
Derby City Hospital	—	—	—	—	—	—	12.79	13.49	14.79	13.86	13.58
Co-operative Wholesale Society	..	—	—	—	—	—	—	—	—	18.22	26.39	†

*—Bottles broken by frost.

†—Gauge overturned by wind.

September results are omitted. Bottles were either dry or almost dry due to the absence of rain and only figures for insoluble deposits were obtainable.

FACTORIES ACTS, 1937 to 1959.

There are 615 mechanical and 52 non-mechanical factories, including bakehouses, at present on the Register.

A summary of the particulars in compliance with Section 128 of the Factories Act, 1937, is shown in the following tables:—

Inspections.—Inspections made by Public Health Inspectors.

<i>Premises</i>	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Prosecutions</i>
Factories without mechanical power	2	—	—
Factories with mechanical power	57	6	—
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)...	25	1	—
TOTAL	84	7	—

Defects Found.

Particulars	Number of Defects				Number of Prosecutions
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
Want of cleanliness	—	2	—	3	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) insufficient	—	2	—	2	—
(b) unsuitable or defective	2	11	—	10	—
(c) not separate for sexes... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work)	1	1	—	—	—
TOTAL	3	16	—	15	—

SEWERAGE.

The following information is supplied by Mr. M. L. Francis, Borough Engineer and Surveyor :—

New Sewers laid during the year.

Broad Bank, Broadway :						
6" Foul water	...	...	...	...	...	25 lin. yds.
9" Surface water	...	...	...	...	...	88 $\frac{1}{3}$ "
Eastern Intercepting Sewer :						
39" Combined	...	...	...	...	...	922 "
Hampshire Road :						
6" Surface water	...	...	...	...	...	120 "
9" Surface water	...	...	...	...	...	254 "
Little Eaton Canal, Stores Road :						
6" Surface water	...	...	...	...	...	7 $\frac{1}{2}$ "
9" Surface water	...	...	...	...	...	289 "
48" Surface water	...	...	...	...	...	788 $\frac{1}{3}$ "
Nottingham Road St. Mark's Road Housing Site :						
15" Combined	...	...	...	...	...	20 "
9" Foul water	...	...	...	...	...	22 "
12" Foul water	...	...	...	...	...	168 "
6" Surface water	...	...	...	...	...	191 "
9" Surface water	...	...	...	...	...	160 "
12" Surface water	...	...	...	...	...	76 "
Park Hill Drive :						
9" Combined	...	...	...	...	...	13 $\frac{1}{3}$ "
9" Foul water	...	...	...	...	...	49 $\frac{1}{3}$ "
6" Surface water	...	...	...	...	...	120 $\frac{1}{3}$ "
9" Surface water	...	...	...	...	...	82 "

Manholes Constructed.

Broad Bank, Broadway :						
Foul water	...	...	...	...	...	1
Surface water	...	...	...	...	...	2
Eastern Intercepting Sewer :						
Combined	...	...	...	...	...	8
Hampshire Road :						
Surface water	...	...	...	...	...	3
Little Eaton Canal, Stores Road :						
Surface water	...	...	...	...	...	9
Nottingham Road/St. Mark's Road Housing Site :						
Foul water	...	...	...	...	...	4
Surface water	...	...	...	...	...	9
Park Hill Drive :						
Combined	...	...	...	...	...	1
Foul water	...	...	...	...	...	3
Surface water	6
Wood Street :						
Combined	1

Sewers Cleaned Out.

Total length	6,470 yards.
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Manholes Cleaned Out	195
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WATER SUPPLY.

The following information is supplied by Mr. I. G. Edwards, Water Engineer:—

1.—The water supplied to the area has been satisfactory in quality and quantity.

2.—Regular examination is made of the raw water and of the water going into supply. As all water is treated, the majority of samples are taken after treatment. A total of 538 bacteriological, 144 chemical and 897 pH and hardness samples were taken, both at the Works and from various points in the area of supply. The results of a chemical analysis are attached hereto.

3.—Only that proportion of the supply obtained from the Derwent Valley Water Board is liable to plumbo-solvent action. Under the Derwent Valley Water Act, 1899, water supplied by the Board is required to be treated by them for the prevention of such action before the water is delivered to any of the constituent Undertakings.

4.—All water is chlorinated before being passed into supply.

5.—There is no record of the proportion of dwelling houses supplied by means of standpipes, but the figure is negligible, and it can be said that substantially the whole of the dwelling houses, of which there are 43,434 in the Borough, are supplied with water by the Undertaking.

Example of recent chemical analysis of water supplied to the area.

pH Value	..	..	..	..	..	..	..	..	8.2
									<i>Parts per Million.</i>
Total Solid Matter (dried at 180° C.)	..	..	..	..	..	..	..	..	175.0
Free and Saline Ammonia	..	..	..	..	..	..	..	..	<i>Less than</i> 0.01
Albuminoid Ammonia	..	..	..	..	..	..	..	..	0.04
Nitrogen as Nitrites	..	..	..	..	..	..	..	..	0.04
Nitrogen as Nitrates	..	..	..	..	..	..	..	..	1.2
Chlorine (present as Chloride)	..	..	..	..	..	..	..	..	25.0
Oxygen absorbed in four hours at 80° F.	..	..	..	..	..	..	..	..	0.3
Hardness—Temporary	..	..	..	..	..	..	..	..	30
—Permanent	..	..	..	..	..	..	..	..	70
—Total	..	..	..	..	..	..	..	..	100
Aluminium..	..	..	..	..	..	..	..	..	0.16
Residual Chlorine	..	..	..	..	..	..	..	..	0.15

Supply.

Number of gallons of water supplied to Derby Water	
Area from Public Supply	4,018,903,000
Number of gallons per day per head of population	49.93
Percentage of total quantity from Derwent Valley Supply	42.19%

Used during the year.

	<i>Gallons.</i>
Sewer flushing	278,647
Street watering	180,388

REFUSE COLLECTION AND DISPOSAL.

The following statistics are supplied by Mr. C. V. Roberts, Director of Public Cleansing :—

Weight of Refuse dealt with.

House and Trade Refuse collected	...	...	...	37,806 tons.
Trade Refuse brought in by tradesmen, etc.	...	...	...	9,641 „
				<u>47,447 „</u>
Disposed of by separation and incineration	...	...	...	16,110 tons.
Disposed of by controlled tipping	...	...	...	31,337 „
				<u>47,447 „</u>

Salvage extracted from refuse and sold.

Tins ...	...	...	467 tons.	Paper and card	...	571 tons.
Iron ...	...	...	44 „	Non-ferrous metal	...	5 „
Textiles ...	...	...	116 „	Cinders	...	411 „
Food waste ...	...	...	74 „	Cullet ...	...	106 „

Ashbins provided.

Housing Committee	...	...	...	...	...	1,856
Other Corporation Departments	...	...	...	...	...	200
Private Owners	...	...	...	...	...	179
						<u>2,235</u>

Vehicles used for Cleansing purposes.

Collection of Refuse and Salvage	...	...	...	...	...	17
Disposal of Refuse :						
Bulldozer-shovel	...	...	...	...	...	1
Lorries	...	...	...	...	...	2
Street Sweeping and Watering :						
Lorry	...	...	...	...	...	1
Mechanical Gully Emptiers	...	...	...	...	...	2
Sweeping Machines	...	...	...	...	...	3
Street Washing Machine	...	...	...	...	...	1

Prevention of Damage by Pests Act, 1949.

The usual procedure was again adopted throughout the year in accordance with the requirements of the Prevention of Damage by Pests Act, 1949. Inspections of premises and land were made to ascertain the presence or otherwise of rats and mice, infestations were treated and technical control was maintained of the public sewers and sewage works, refuse disposal works, wholesale and retail markets and schools and also many of the town's private business premises.

During the period under review infestations of rats or mice or both were dealt with at 825 dwelling houses, 229 business premises, 73 Corporation undertakings and six agricultural holdings. Block treatment and technical control was also carried out at 53 groups of premises in built-up areas. The Rodent Control Staff made 9,810 visits to accomplish this work.

For the past few years we have made a standard charge of 6 – per hour, inclusive of time and materials, for treating infestations at business premises, but all the time administrative costs have been gradually rising and the stage was reached this year when we had to increase the charge to 8 – per hour in order to avoid this service becoming a charge on the rates. The amount recovered for this service during the year was £1,046 6s. 0d., an increase of £224 6s. 0d. over the previous year.

Sewer Maintenance Treatment.

Test baiting and the half-yearly maintenance treatments of the Borough sewerage system was completed, and in conjunction with the sewer maintenance a baiting and poison treatment was carried out in the culvert under Victoria Street.

The following tables show the results of the work carried out :—

MEAT AND FOOD INSPECTION.

The number of animals which passed through the slaughterhouses in the Borough during 1959 was 85,394, an increase of 4,404 on the previous year. The number of pigs and sheep increased by 591 and 5,805 respectively, while cattle decreased by 1,613 and calves by 326. Included in these figures are 40 animals slaughtered in consequence of injury or sickness and 36 cows, nine heifers and one bull slaughtered under the Tuberculosis (Slaughter of Reactors) Order.

It is satisfying to note that the number of cattle and pigs affected with tuberculosis has again decreased and the percentages given below are, in fact, the lowest recorded. This reflects well upon the efforts being made to eradicate the disease and, as next year will see the declaration of Derbyshire and surrounding counties as an Attested Area, it can be anticipated that the incidence of tuberculosis will decline considerably.

Liver fluke disease in young cattle has persisted throughout the year and mainly accounts for the high percentage of cattle affected with disease other than tuberculosis, given below as 32.42 per cent. It should be stressed that this condition results in condemnation of the liver only and that the general condition of the animals handled by our butchers is very good.

Once again I am pleased to report that every animal slaughtered within the Borough has been inspected by competent staff to a standard which contributes greatly to the good quality meat being offered for sale within the Borough.

Carcases Inspected and Carcasses Condemned during 1959.

	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Number Killed	7,714	2,204	408	29,753	45,315
Number Inspected	7,714	2,204	408	29,753	45,315
<i>All Diseases except Tuberculosis :</i>					
Whole carcasses condemned ..	—	6	12	60	15
Carcasses of which some part or organ was condemned ..	2,502	421	10	1,495	716
Percentage of the number inspected affected with disease other than tuberculosis ..	32.42	19.37	5.39	5.23	1.61
<i>Tuberculosis only :</i>					
Whole carcasses condemned ..	13	4	—	—	3
Carcasses of which some part or organ was condemned ..	705	237	—	—	739
Percentage of the number inspected affected with tuberculosis	9.31	10.93	—	—	1.64

Animals Slaughtered under Government Orders.

	<i>Bulls.</i>	<i>Cows.</i>	<i>Steers.</i>	<i>Heifers.</i>	<i>Calves.</i>	<i>Totals.</i>
Tuberculosis (Slaughter of Reactors) Order, 1950	1	36	—	9	—	46
Tuberculosis Order, 1938	—	—	—	—	—	—

Classification of Diseases other than Tuberculosis in whole carcasses and parts of carcasses condemned.**Cattle.**

	<i>Totally Condemned.</i>		<i>Part Condemned.</i>	
	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Cattle excluding Cows.</i>	<i>Cows.</i>
Abscesses and Abscess Adhesions	—	—	5	2
Bone Taint	—	—	1	—
Injury and Bruising	—	1	16	1
Jaundice	—	1	—	—
Neoplasms	—	—	1	—
Oedema, General or with Emaciation	—	4	—	—
Pericarditis	—	—	1	—
TOTALS.. .. .	—	6	24	3

Sheep.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Abscesses and Abscess Adhesions	—	17
Bone Taint	1	—
Congestion	1	—
Immaturity	2	—
Injury and Bruising	—	23
Jaundice	6	—
Moribund	4	—
Oedema, General or with Emaciation	46	27
TOTALS	60	67

Pigs.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Abscesses and Abscess Adhesions	—	7
Actionmycosis	—	1
Arthritis	1	5
Injury and Bruising	—	24
Moribund	10	—
Oedema, General or with Emaciation ..	1	—
Peritonitis	1	1
Pneumonia	—	2
Swine Erysipelas	1	1
Swine Fever	1	—
TOTALS	15	41

Calves.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Abscesses and Abscess Adhesions	—	1
Immaturity	11	—
Injury and Bruising	—	1
Navel-ill	1	—
Neoplasms	—	1
TOTALS	12	3

Cysticercus Bovis.

	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Totals.</i>
Viable ..	—	—	1	1	—	2	—	1	1	—	—	—	6
Degenerate	7	7	5	1	3	5	3	3	5	3	8	4	54
TOTALS ..	7	7	6	2	3	7	3	4	6	3	8	4	60

If the number of carcasses found to be affected with *Cysticercus Bovis* is expressed as a percentage of all cattle slaughtered during the year, the average becomes 0.61 per cent. compared with 0.45 per cent during 1958.

Weight of Meat Condemned.

	<i>Tons.</i>	<i>cwt.s.</i>	<i>qrs.</i>	<i>lbs.</i>
Beef	8	7	—	10
Mutton	1	5	1	27
Pork	1	15	2	20
Veal	—	3	2	24
Offal	36	3	—	26
Imported Meat	—	2	1	12
TOTAL	47	17	2	7

All condemned meat and offal is processed for industrial purposes at local premises.

SLAUGHTERHOUSES ACT, 1958.

A matter of immediate concern to local authorities is contained in the Slaughterhouse (Reports) Direction, 1959, made under Section 3 of the Slaughterhouses Act, 1958. Every local authority shall review and, after consulting such organisations which represent the interests concerned, submit a report to the Minister of Agriculture, Fisheries and Food on the existing and probable future requirements of their district for slaughterhouse facilities and on the facilities which are, or are likely to become, available to meet the requirements. This report should be submitted to the Minister not later than 2nd November, 1960. It is suggested that the organisations to be consulted should include the wholesale and retail sections of the meat trade, the bacon industry, the farmers, the livestock auctioneers, the co-operative movement and the trade unions representing the workers in slaughterhouses. The report will be under three headings :

- (1) premises which, at the date of submission of the report, comply with all the requirements of construction regulations in force in respect of new slaughterhouses ;
- (2) premises which do not so comply, but which the local authority expect to comply by a date recommended by them in their report, and
- (3) premises which the local authority expect will not comply by the date recommended in their report.

Construction regulations are made under Section 13 of the Food and Drugs Act, 1955, and Section 2 of the Slaughter of Animals (Amendment) Act, 1954, and the relevant regulations are the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958, and the Slaughterhouses (Hygiene) Regulations, 1958.

Provision is made in the Slaughterhouses Act, 1958, for the retention of private slaughterhouses which conform to a standard of hygiene, construction and the prevention of cruelty. In addition, facilities are to be made available in any proposed public slaughterhouse for individual butchers to slaughter their own animals. However, there is a growing trend for butchers to either contract out for their slaughtering or to purchase their supplies of home-killed meat from wholesale companies. It seems, therefore, that the slaughtering industry of the future will be centralised in the wholesale companies, and to a lesser extent in slaughtering contractors' concerns.

LICENSED SLAUGHTERMEN.

New licences granted for 1959	...	...	...	...	3
Licences renewed for 1959	...	...	...	...	83
Licenses in operation at end of the year	...	...	...	...	86

GENERAL FOOD INSPECTION.

The wholesale provision stores and the wholesale fish and fruit markets have been regularly inspected throughout the year. The following statement shows the foodstuffs condemned as unfit for human consumption.

				Quantity.		
				Tons.	cwts.	lbs.
Bacon	..	..	..	—	9	2
Butter	..	..	..	—	—	1
Carrots	..	..	..	1	2	2
Cheese	..	..	..	—	5	2
Cooked Meats	..	..	..	—	12	1
Dried Fruit	..	..	..	—	—	1
Fish	..	..	..	—	3	0
Grapes	..	..	..	—	1	0
Miscellaneous Items	..	..	..	—	—	8
Peaches	..	..	..	—	3	1
Pears	..	..	..	—	1	2
Pickles	..	..	..	—	4	2
Plums	..	..	..	—	5	1
Poultry	..	..	..	—	—	1
Canned Foods	..	..	..	..	..	5,508 cans.

FOOD AND DRUGS ACT, 1955.

Inspection of Food Premises.

The number of premises registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food under Section 16 of the Food and Drugs Act, 1955, is as follows :—

Number of premises on Register at end of year	...	...	88
Number of premises registered during the year	...	...	Nil
Number of premises closed during the year	...	...	4

Food Sampling.

Food sampling under the Food and Drugs Act, 1955, was carried out with a view to covering as wide a variety of foods as possible. Those foods for which food standards are operative were generally found to comply with the relative Food Standard Regulations. Sausages, however, for which there is no fixed minimum meat content, were found to be far from satisfactory. In the continued absence of a minimum standard, the recommendations of the Food Standards Committee (still not yet adopted by the Minister) have been used for the purpose of classification of samples as satisfactory or unsatisfactory, and it was disturbing to find that a considerable percentage of the samples submitted to the Analyst failed to conform to these recommendations. It seems rather significant that those foods for which standards exist were found to be generally satisfactory, whilst a large percentage of the sausage samples, for which standards were formerly in operation but were repealed by the Minister, fell below the recommended minimum content of the Food Standards Committee—a minimum meat content based on the former standard operative during the post-war period of food control and restriction. It would appear that the abolition of this former standard has not had the anticipated effect of producing a better quality sausage from the meat trade—in fact, apparently the reverse has resulted. A further disturbing feature which seems to be more and more prevalent is the tendency to increase the amount of fat in sausage, which in the view of the Food Standards Committee ought not to exceed one-half of the total meat content. Too many samples, unfortunately, are found to exceed this recommendation. The present indications in the meat trade in general do not point to any improvement in the quality of sausage for sale to the public, and, with the difficulty of enforcing any legal action by the continued absence of a legal standard minimum meat content, it would appear that the time is now ripe for the Minister to stabilise the position by making legal the standards recommended by the Food Standards Committee.

In relation to the Colouring Matter in Food Regulations, 1957, samples of various foods were examined for the presence of colouring matters not included in the Schedule of “permitted colouring matters.” A sample of “Coloured Coffee Sugar” was found to contain a colour—“Brilliant Blue F.C.F.”—which is not included in this scheduled list, and the explanation given by the manufacturers was that this particular “Coffee Sugar” was originally intended for export to the U.S.A. where this Brilliant Blue F.C.F. colour was accepted, but due to unforeseen circumstances this contract was cancelled and the whole consignment was later diverted to the home market.

There appears here a need for an international uniformity on the question of the suitability of various chemicals used in the colouring, flavouring, preserving, etc., of food, which should be standardised throughout the world. This leads to the far wider question emanating from the frightening increase in the variety and complexity of chemicals used in the production and preparation of food in general, as to whether enough testing and research is being carried out in investigation of the effects of these various chemicals on human health.

MILK.

As in previous years, the examination of milk was maintained on a regular if somewhat restricted basis despite our continued shortage of staff. It was gratifying, therefore, to find that not one of the heat-treated samples of milk failed to pass any of the prescribed tests which, I consider, reflects most creditably on the general maintenance and supervision at the dairies concerned. The number of raw milk samples examined was double that of the previous year, but the number failing to pass the prescribed Methylene Blue Test was nearly halved, which, when it is considered that the majority of the samples examined were Tuberculin Tested (Channel Island) (Farm Bottled) milk, indicates a satisfactory state of affairs in the production side of the milk industry.

My comments of the previous year in respect of the sale of milk from refrigerated slot machines appear to have received some unexpected publicity in the National Press. Such publicity, I feel, is all to the benefit of the milk industry in general, and I am pleased to report that all samples taken during the year from slot machines in the Borough were found to be satisfactory.

Quite a number of these machines have been introduced into some of the larger industrial concerns in the town, and it may be coincidental—yet nevertheless most significant—that the number of complaints of dirty milk bottles during the year was very much reduced. It is a recognised fact that the fouling of empty milk bottles at heavy industrial factories and large building sites, etc., is a source of great concern to the milk trade, and it would appear that the sale of milk in dispensable containers from automatic refrigerated machines at these places would contribute quite considerably to the solution of this very vexed problem of dirty bottles.

Designation of Milk.	Number of Samples taken and Results.						
	Phosphatase.		Methylene Blue.			Turbidity.	
	Passed.	Failed.	Passed.	Failed.	Not carried out owing to shade temperature exceeding 65° F.	Passed.	Failed.
Pasteurised... ..	68	—	50	—	18	—	—
Tuberculin Tested (Pasteurised) ...	45	—	33	—	12	—	—
Sterilised	—	—	—	—	—	29	—
Tuberculin Tested (Sterilised) ...	—	—	—	—	—	10	—
Tuberculin Tested...	—	—	73	3	—	—	—

Tubercle Bacilli Biological Tests.

Sixty-nine samples of milk were submitted to the laboratory for examination for the presence of tubercle bacilli and all were found to be tubercle free.

THE MILK AND DAIRIES REGULATIONS, 1949-1954.

**THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS,
1949-1954.**

THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-1953.

Summary of Registrations and Licences issued under the above Regulations.

Milk and Dairies Regulations, 1949-1954.

Number of distributors on register year ending 1959	...	...	49
Number of dairy premises on register year ending 1959	...	...	7

Milk (Special Designation) (Raw Milk) Regulations, 1949-1954.

T.T. Milk—Dealers Licences Issued	...	...	...	...	...	57
Dealers (Supplementary) Licences Issued				...	...	6

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949-1953.

Pasteurised Milk—Dealers	(Pasteurisers)	Licences Issued	...	...	3
	Dealers	Licences Issued	...	...	144
	Dealers	(Supplementary)	Licences Issued	...	5
Sterilised Milk—Dealers		Licences Issued	...	...	62
	Dealers	(Supplementary)	Licences Issued	...	3

ICE CREAM.

The number of premises registered for the manufacture, storage and sale of Ice Cream under section 16 of the Food and Drugs Act, 1955, is as follows :—

Number of premises registered for manufacture and sale during the year	... ..	1
Number of premises registered for sale only during the year	...	33
Number of premises registered for manufacture and sale at the end of year	... ..	7
Number of premises registered for sale only at end of year	...	646

REPORT OF THE BOROUGH ANALYST.

The following is a summary of the Report of the Borough Analyst, Mr. R. W. Sutton, B.Sc., F.R.I.C.

Food and Drugs Act, 1955.

The purchase and examination of samples of food and drugs which are on sale to the general public is a service which has been maintained by Food and Drugs Authorities for many years and, although deliberate adulteration is not so evident as it was in the past, there is probably more need for the service to-day than ever before on account of the general trend to use chemical additives of various kinds in the production and manufacture of foods. The Food and Drugs Act, 1955, provides the broad basis under which this work is carried out, but new Regulations become operative from time to time.

During the year 1959 some alterations in the legislation were made in this way. The more important alterations are listed below, together with explanatory notes.

The Food Standards (Ice Cream) Regulations, 1959.

These Regulations replace the Food Standards (Ice Cream) Order, 1953. They prescribe amended standards of composition for ice cream and introduce separate standards of composition if the article is described as "Dairy Ice Cream." A separate standard is prescribed for "Milk Ice." If the description "Dairy Ice Cream" is used, the fat constituent must be milk fat. The requirement in the 1953 Order that ice cream should contain not less than 10% of sugar is replaced by a provision that no type of ice cream shall contain any artificial sweetener.

The Labelling of Food (Amendment) Regulations, 1959.

These Regulations amend the Labelling of Food Order, 1953, by introducing new provisions relating to ice cream. The provisions prohibit the labelling, marking or advertising of ice cream in a manner suggestive of butter, cream, milk, or anything connected with the dairy interest unless the ice cream contains no fat other than milk fat.

The Arsenic in Food Regulations, 1959.

These Regulations provide limits for the arsenic content of foods. The general limit is 1.0 part per million of arsenic ; lower limits are specified for beverages, some soft fruit concentrates and ice cream ; and higher limits are specified for some foods which generally are either essences or ancillary foods.

The Colouring Matter in Food Regulations, 1957.

These Regulations prescribe a list of permitted food colours and prohibit the importation and sale of food containing colouring matter not in the permitted list. They have been partly in force since December, 1957, and became fully operative in respect of retail sales as from 30th June, 1959.

The Condensed Milk Regulations, 1959.

These Regulations, which amend and consolidate the Public Health (Condensed Milk) Regulations, 1923–1953, now provide for the sale of sweetened and unsweetened partly skimmed (half cream) condensed milk and require it to be specially labelled.

In addition to the above, the Fluorine in Food Regulations were issued during the year but did not become operative until March, 1960.

Other papers of interest to Food and Drugs Authorities were the reports of the Food Standards Committee on Soft Drinks, Milk Bread and Preservatives. The last of these is a long report containing recommendations for revision of the present regulations which date from 1925.

The increasing complexity of the work under the Food and Drugs Act seems to be inevitable, and it involves increased expenditure. It can, however be rated as a service which is maintained in the interests of the consumer.

SUMMARY FOR THE YEAR 1959.

Food and Drugs Act, 1955.

1. During the year 1959, 373 samples were submitted under the above Act, consisting of 17 Formal Samples and 356 Informal Samples. This represents sampling at the rather low rate of about 2.8 per 1,000 population.

2. Of the samples submitted, 43 were classed as adulterated or below standard, or as failing to comply with the Public Health (Preservatives, etc., in Food) Regulations, the Colouring Matter in Food Regulations or the requirements of the Labelling of Food Order.

3. The various articles are listed in Table 1, which also includes a statement of the number reported against.

TABLE 1.

<i>Article.</i>	<i>Formal.</i>	<i>In- formal.</i>	<i>Total.</i>	<i>Adulterated or not up to standard.</i>	<i>% Adulterated.</i>
Almonds, Ground		3	3		
Blanc Mange Powder		2	2		
Butter		10	10	1	
Cake & Pudding Mixtures ..		3	3		
Canned Foods :					
Fruits		5	5		
Fish		1	1		
Meat		5	5		
Vegetables		6	6		
Tomato Juice		2	2	1	
Miscellaneous		2	2		
Cheese, Processed, and Cheese Spread		3	3		
Christmas Pudding		3	3		
Coffee & Chicory		3	3		

<i>Article.</i>	<i>Formal.</i>	<i>In- formal.</i>	<i>Total.</i>	<i>Adulterated or not up to standard.</i>	<i>% Adulterated.</i>
Coffee & Chicory Extract		2	2		
Coffee Sugar		1	1	1	
Chocolate Cake Covering		1	1		
Cocktail Cherries		2	2		
Cooking Fat		2	2		
Cooking Oil		1	1		
Cream		2	2		
Cream : Canned & Bottled		4	4		
Custard Powder		1	1		
Dripping		2	2		
Essences		2	2		
Fish Cakes		10	10		
Fish Paste		2	2		
Flour		3	3		
Flour, Self-Raising		8	8		
Food Colourings	5	4	9	2	
Fruit, Crystallised		3	3		
Fruit, Fresh		4	4		
Fruit Curd		7	7		
Fruit Juice :					
Orange		1	1		
Grapefruit		2	2		
Pineapple		1	1		
Lemon		1	1		
Glucose D		1	1		
Golden Raising Powder		1	1		
Ice Cream		4	4		
Jam		2	2		
Jelly Tablets		4	4		
Lard		5	5		
Lemonade Crystals		2	2		
Lozenges		1	1		
Margarine		1	1		
Marmalade		1	1		
Marzipan		3	3		
Marzipan Substitute		1	1		
Meat Paste		3	3		
Milk	12	96	108	10	9.3
Milk : Condensed, Full Cream,					
Unsweetened		3	3		
Milk Shake Syrup		1	1	1	
Milk Shake Powder		1	1		
Mincemeat		5	5		
Mustard		1	1		
Pepper		3	3		
Potted Meat		1	1		
Rice, Ground		3	3		
Rum Butter		1	1		
Saccharin Tablets		1	1		
Salad Cream & Mayonnaise		4	4		
Sauce		2	2		
Sauce, Tomato		2	2		
Sausages : Beef		1	1		
Pork		42	42	25	
Semolina		1	1		

<i>Article.</i>	<i>Formal.</i>	<i>In- formal.</i>	<i>Total.</i>	<i>Adulterated or not up to standard.</i>	<i>% Adulterated.</i>
Soft Drinks :					
Cordials		2	2		
Mineral Waters		1	1		
Squashes		6	6		
Soft Drink Powders.. .. .		3	3		
Soup Powder		1	1		
Spices : Cinnamon, Ground		1	1		
Ginger, Ground		1	1		
Spread Orange		2	2		
Sugar		1	1		
Sugar Confectionery.. .. .		1	1	1	
Sweets		10	10	1	
Tea		4	4		
Tonic Drinks & Preparations		2	2		
Vinegar, Malt		4	4		
Vitamin Concentrates		1	1		
Vegetables : Potatoes		5	5		
TOTALS	17	356	373	43	11.5

4. Milk Samples.

Of the 108 Milk samples examined, 10 (9.3%) were classed as adulterated or below standard. Eight samples (7.4%) contained added water and two were deficient in fat. Details are given in Table 2.

TABLE 2.

<i>Serial No.</i>	<i>Formal or Informal.</i>	<i>Nature of Adulteration.</i>
420	Informal	About 2% added Water.
421	Informal	2% Fat deficient.
472	Informal	About 2% added Water.
508	Formal	About 2% added Water.
512	Formal	10% Fat deficient.
554	Informal	About 3% added Water.
555	Informal	About 4% added Water.
603	Formal	About 4% added Water.
604	Formal	About 4% added Water.
684	Informal	About 2% added Water.

Samples deficient in Non-fatty-solids.

Twenty-nine samples, including one listed in Table 2 as deficient in fat, were deficient in non-fatty-solids. These deficiencies were shown in the Freezing Point test to be due to natural causes and not to the addition of water.

The average composition of all Milks examined during the year was as follows :—

Non-fatty-solids	8.55 per cent.
Fat	3.53 " "
Total Solids	12.08 " "

5. Samples other than Milk.

During the year, 265 samples other than Milk were examined and 33 samples, listed in Table 3, were reported against.

TABLE 3.

<i>Serial No.</i>	<i>Article.</i>	<i>Formal or Informal.</i>	<i>Nature of Adulteration.</i>
351	Pork Sausages	Informal	Excessive proportion of fat.
352	Pork Sausages	Informal	Deficient in meat.
353	Pork Sausages	Informal	Preservative present without declaration.
354	Pork Sausages	Informal	Excessive proportion of fat.
355	Pork Sausages	Informal	Deficient in meat.
357	Pork Sausages	Informal	Deficient in meat. Preservative present without declaration.
358	Pork Sausages	Informal	Excessive proportion of fat.
359	Pork Sausages	Informal	Deficient in meat. Preservative present without declaration.
365	Coloured Coffee Sugar..	Informal	Contained colouring matter not in the schedule of permitted colours.
396	Food Colouring (Cochineal).	Informal	Unsatisfactory label.
430	Pork Sausages	Informal	Excessive proportion of fat.
431	Pork Sausages	Informal	Deficient in meat. Excessive proportion of fat.
432	Pork Sausages	Informal	Preservative present without declaration.
433	Pork Sausages	Informal	Preservative present without declaration.
434	Pork Sausages	Informal	Deficient in meat.
436	Pork Sausages	Informal	Slightly deficient in meat.

<i>Serial No.</i>	<i>Article.</i>	<i>Formal or Informal.</i>	<i>Nature of Adulteration.</i>
437	Pork Sausages	Informal	Preservative present without declaration.
438	Pork Sausages	Informal	Deficient in meat.
439	Pork Sausages	Informal	Excessive proportion of fat.
497	Pork Sausages	Informal	Deficient in meat.
500	Pork Sausages	Informal	Deficient in meat.
502	Pork Sausages	Informal	Deficient in meat.
503	Pork Sausages	Informal	Preservative declared but none found on analysis.
506	Pork Sausages	Informal	Deficient in meat.
507	Pork Sausages	Informal	Excessive proportion of fat.
591	Pork Sausages	Informal	Deficient in meat.
592	Pork Sausages	Informal	Preservative present without declaration.
544	Milk Shake Powder ..	Informal	Contained excess Sulphur Dioxide Preservative. Unsatisfactory label in that it did not contain a statement of ingredients as required by the Labelling of Food Order.
610	Orange Yellow C. Powder Colour.	Formal	Not included as a permitted colouring matter in The Colouring Matter in Food Regulations, 1957.
656	Canned Tomato Juice..	Informal	Contaminated with excess tin.
657	Choc-o-licks	Informal	Contaminated with lead in excess of the limit recommended by the Food Standards Committee.
616	Butter	Informal	Excess water content.
646	Fondant Icing	Informal	Contained artificial colour not permitted in food manufacture.

The Public Health (Preservatives, etc., in Food) Regulations.

These Regulations control the use of Preservatives in Food. Only Sulphur Dioxide and Benzoic Acid are permitted to be used in certain scheduled foods, and in quantities not exceeding the amounts specified.

All appropriate samples are examined for the presence of preservatives, and the Regulations are well observed except in sausage manufacture. The presence of sulphur dioxide in sausages must be declared to the purchaser at the time of sale and 450 p.p.m. is the maximum amount permissible. In the samples of sausages examined during the year the amounts ranged from 20 to 336 p.p.m. In 33 samples found to contain sulphur dioxide preservative,

seven were sold without the necessary declaration, and in one sample where preservative was declared none was found on analysis.

One sample of Milk Shake Syrup contained sulphur dioxide preservative contrary to the Regulations.

Meat content of Sausages.

During the year one sample of beef sausages and forty-two samples of pork sausages were examined. The beef sausages contained 58% of meat and the proportion of meat in the pork sausages ranged from 50% to 97%. In the absence of a statutory minimum requirement for the meat content of sausages, the standard of 50% meat content for beef sausages and 65% meat content for pork sausages, recommended by the Food Standards Committee, was again adopted, and on this basis thirteen samples of pork sausages were classed as containing less meat than might reasonably be expected. In seven samples the proportion of fat was excessive in relation to the lean meat content.

The Colouring Matter in Food Regulations, 1957.

One sample of *Coloured Coffee Sugar* consisted of crystals of sucrose some of which were colourless, and others were coloured pink, blue, yellow, red or green by the incorporation of synthetic colouring matters. The crystals coloured blue contained the colouring matter Brilliant Blue F.C.F., and the crystals coloured green contained this same colouring matter together with the yellow colour Tartrazine. Brilliant Blue F.C.F. is not included as a permitted colouring matter in this country. This sample was taken before the Regulations came into force in respect of retail sales.

A sample of *Orange Yellow "C" Powder Colour* was one of five colouring matters taken on premises within the County Borough at the request of the County Authority. The use of this particular orange colour was in contravention of the Regulations.

An informal sample of *Fondant Icing* was also found to contain prohibited colouring matter. A formal sample was the subject of further investigation in the January—March quarter, 1960.

Canned Foods.

Thirty-one samples of canned foods were examined during the year and, with the exception of one sample of tomato juice, were classed as satisfactory. The tin contamination in the tomato juice was somewhat in excess of the limit recommended for foods (250 parts per million). Further samples from stocks at the warehouse proved to be satisfactory.

In these days when so many varieties of canned foods are on sale it is necessary to pay special attention to this subject—particularly to those commodities which are known to be liable to exert an aggressive action on the metal of the container.

6. **Miscellaneous.**

Complaints by consumers have to be fully investigated, and Pasteurised Milk from one particular Dairy was the subject of enquiry. The "taint" complained of was confirmed in one bottle but not in an unopened bottle which had been delivered the following day. The taint was an unusual one not previously encountered and analysis failed to show the cause, but it was established that it was not of bacterial origin. Since the Dairy concerned was in the County area, the County Sampling Officer was able to assist by making further enquiries, and the trouble was traced to a delivery from one particular farmer who had dosed two cows in his herd with a rather strong smelling medicine. It is known that some medicaments can be excreted through the mammary gland. No further complaints arose and this seemed to be the most likely explanation of the trouble.

The miscellaneous work also included the examination of two samples of water where the complaint was of discolouration. One of the samples contained a little rust such as could have been derived from the mains, but there was no other evidence of abnormality.

8. **Fertilisers and Feeding Stuffs Act.**

Thirty-six samples, comprising 24 Fertilisers and 12 Feeding Stuffs, were submitted for analysis under the above Act during the year. These items, in general, have to be sold with declared percentages of ingredients, indicating compositional quality, and it is the desire of the Ministry that these declarations shall be correct within certain limits of variation. Nine Fertilisers and three Feeding Stuffs were incorrectly guaranteed.

(Signed) R. W. SUTTON,

Borough Analyst.

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